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WILLIAM S. EDGAR, M. D.
AND
D. V. DEAN, M. D.

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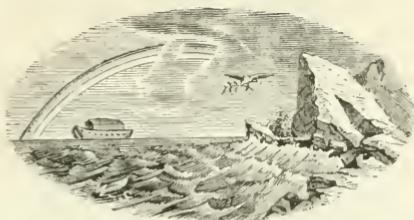
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St. Louis Medical and Surgical Journal.

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Articles intended for publication in the next number should be forwarded one month prior to the date of publication. They must be contributed to *this Journal exclusively*.

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CONTENTS.

CORRESPONDENCE.

| | |
|-------------------------------|-----|
| Our Philadelphia Letters..... | 505 |
|-------------------------------|-----|

PROCEEDINGS.

| | |
|--|-----|
| International Medical Congress—Monday's Proceedings..... | 511 |
| Tuesday's Proceedings..... | 514 |
| Wednesday's Proceedinga..... | 525 |
| Thursday's Proceedings..... | 536 |
| Friday's Proeeedings..... | 541 |
| Saturday's Proceedings..... | 551 |

| | |
|--------------------------------|-----|
| St. Louis Medical Society..... | 554 |
|--------------------------------|-----|

OBITUARY.

| | |
|-----------------------|-----|
| Dr. M. M. Pallen..... | 557 |
|-----------------------|-----|

| | |
|-----------------------------------|-----|
| Books and Pamphlets Received..... | 559 |
|-----------------------------------|-----|

STATISTICAL.

| | |
|-------------------------------------|-----|
| Mortality Report for September..... | 560 |
| Thermometric for September..... | 560 |

To New Subscribers:

Having a few numbers of the JOURNAL of each issue this year more than we care to retain, we offer to new subscribers to mail them the back numbers for this year (ten) and the *two* to be issued, for *One Dollar*, so long as we may be able to make the sets complete.

THE SAINT LOUIS
Medical and Surgical Journal.

OCTOBER, 1876.

Correspondence.

OUR PHILADELPHIA LETTER.

Messrs. Editors:

Allow me to send you a few notes of the Medical Congress, which met in Philadelphia during the week, 4th to 9th of September, 1876.

A large concourse of medical men had assembled and were standing, walking or conversing about the grounds and in the doors of the University of Pennsylvania, and among them were many who from their costume any stranger would take to be British, while others would be taken to be Continental.

As the hour of 12 approached there was a *determination* to the Chapel, the largest room in the building. Promptly as the hour of 12 came the assembly was called to order by Dr. Samuel D. Gross, whose grave dignity and easy flow of speech drew all hearts toward him. His address of welcome was most happy, and when an hour later the Committee on Nominations proposed his name as permanent president, and the report had been accepted by the Society, he nearly broke down with feeling in acknowledgment of the honor.

The address of Dr. Austin Flint upon the Progress of Medi-

cine in the United States during the national century was read with care and force and was listened to with close attention.

The afternoon hours were occupied with the discussions in the various Sections—Dr. A. S. Barnes, of London, presiding over the Section of Obstetrics, and Mr. Joseph Lister, of Edinburgh (of fame for his close carbolic acid surgical dressings), presiding over the Section of Surgery.

Mr. Carter, of London, presided over the Section of Ophthalmology.

A noticeable feature of the Congress both in its general sessions and in those of its Sections was the presence of women who were most numerous in the Obstetrical Section. The time is passed in which it is supposed to be improper for women, in presence of men, to contemplate any subject in science or in art, or to promiscuously admire a nude statue, as is now done in the Centennial Art Exhibition.

TUESDAY.

The morning session was addressed by Dr. Henry I. Bowditch upon State Preventive Medicine in which some history of the progress of ideas upon authoritative sanitary regulations was presented. In this Mr. Shattuck, of Boston, and Mr. Chapman, of London, had been pioneers in the second quarter of the present century, neither of them being medical men. While the public intelligence upon this subject is lamentably deficient, there is encouraging progress in ideas and in their general diffusion.

The subject proper of the address was preceded by a review of the state of medical theory during the Centennial of our national existence, making these periods, from 1776 to 1832, 1832 to 1869, and 1869 to the present time. He characterized the first period as that of heroic medication with “polypharmacy,” with Rush and Cook as prominent examples; the second as that of distinct reaction and investigation under the influence of Louis, as the most shining light; and the third, as that of returning confidence in medicines, their utility being based more upon experience than upon hypothesis.

This was followed by a paper by Dr. Theodore G. Wormley, of Columbus, Ohio.

This was chiefly a history of medicine and pharmacy, from the birth of chemistry, about a hundred years ago, to the present time.

WEDNESDAY.

The Congress in general session was addressed by Dr. Paul F. Eve, of Nashville, Tennessee, on Surgery.

His descriptive powers are very good and while his high coloring makes his pictures easy to see at a glance, it may not be so well to look too long.

A rapid notice of the men of the past Centennial in this country as surgeons, was given with more "hifalutin" than some might consider in good taste for an *international* occasion.

This was followed by an address upon Medical Biography, by Dr. J. M. Toner, of Washington, D. C. This consisted in a rapid enumeration of one hundred names with brief sketches.

The basis of selection was stated to be this: "The doing of something for the advancement of knowledge." None but those who supply this test, he said, can live in medical history.

The address of Dr. J. J. Woodward, Surgeon of United States Army (and in charge of the Medical History of the War), delivered in the Jefferson Medical College at night, upon the work of the medical department of the army, was an exceedingly interesting account not only of the work of administration and routine, but of the work done for the advancement of science.

In view of the importance of this work, the Medical Congress the next morning directed that the National Congress be memorialized for additional appropriations for this purpose, so as to restore the clerical force to what it has recently been.

A part of this address was taken up with the display by means of the magic lantern of photographs and micro-photographs of pathological specimens in the Army Medical Museum.

Dr. Woodward is a thick set man of medium stature, quick and solid in his movements, with good voice and distinct delivery. His style is that of the distinct and forcible statement of his points, with no tendency to indulge in rhetorical flourishes.

THURSDAY.

The Thursday morning session was occupied first with a paper full of rhetorical displays by Dr. Theophilus Parvin, of Indianapolis, Indiana, giving a history of obstetric science and practice, chiefly during our Centennial. His brief notices of men were as if illuminated by a calcium light with numerous interspersions of fancy pictures.

This address was followed by one upon Medical Jurisprudence by Dr. Stanford E. Chaillé, of New Orleans.

This address is best characterized by saying "there was too much powder for the size of the ball."

FRIDAY.

The address on Mental Hygiene, by Dr. John P. Gray, Superintendent of the Utica Lunatic Asylum, New York, was a discursive address of more than an hour's length upon every mental employment or recreation with abundant quotations of poetry.

This was followed by a catalogue of American Literature, by Dr. Lunsford P. Yandell, of Louisville, read in a dry way, and when printed it will serve as a valuable paper to refer to, though it ought to be indexed.

SATURDAY.

The paper by Dr. N. S. Davis, of Chicago, on Saturday, embraced a history of the medical schools of the country, and will also be always a valuable paper for reference for information upon this subject, for those who have not time for more detailed reading, or access to the libraries which contain this kind of information.

This series of historical papers will give the volume of Transactions a peculiar value which cannot attach to the proceedings of the meetings of any ordinary medical society. Together with the series of historical papers which have appeared in the *American Journal of the Medical Sciences*, they constitute a very complete statement of the events of our medical history.

While the general sessions were held in the morning, the Sections met in the afternoon. The number of papers read is so large that they cannot be enumerated within the space of this brief letter, and only a few references to them will be made.

One of the events of the Surgical Section, was the subject of the antiseptic method in the treatment of wounds. This was called out by the discussion which followed the presentation of a paper by Dr. J. T. Hodgen, of St. Louis, upon the surgical uses of antiseptic agents.

After the presentation of this paper, on Monday, the first day, several gentlemen of New York and Philadelphia, expressed doubts concerning the benefits attending the employment of antiseptic dressings. Mr. Lister, who was presiding over the Section, was invited to speak, but he declined to speak until he had heard the remarks of others. Six o'clock came and the others had not finished. He was then invited to address the Section at 2 o'clock the next day. This he did for about four hours.

After having spoken about three hours, illustrating his lecture by showing his appliances and the application of his dressings, he sat down.

He was then called up by questions proposed, which stimulated new energy to his speech and to his ready crayon upon the blackboard. At the end of a half-hour he sat down, when Dr. Satterthwaite, of New York, got up and briefly stated the objections to the germ-theory of disease. To this Mr. Lister replied in a lively illustration of the subject and a ready explanation of the objections, and in doing this he related experiments and observations which constituted objections to the chemical view, the points of which had been stated by Dr. Satterthwaite.

In the Obstetric Section, on Wednesday, a paper was read by Dr. Washington L. Atlee, of Philadelphia, upon Uterine Fibroids, in which the history of his own proceedings for the removal of intra-uterine and intra-mural tumors was explained and also his experience in the removal by abdominal section of the sub-peritoneal varieties.

The removal of the body of the uterus for morbid growths

which are inseparable from it, he thought to be as proper as the operation for the removal of the ovarium.

Dr. John L. Atlee, of Lancaster, Pa., subsequently reported two cases of successful removal of uterine fibroids in which the operation was commenced for ovariotomy.

Dr. Kimball, of Lowell, Mass., was more distrustful of success.

Dr. Peaslee, of New York, was also very distrustful of success.

Dr. H. L. Hodge, the son and successor of the noted Dr. Hugh L. Hodge, dwelt upon the importance of pessaries to lift the uterus to a higher position, and thus to relieve the congestions which favor the haemorrhages which are often extreme in cases of uterine tumors.

In the Surgical Section, on Friday, a paper on Subcutaneous Sawing of the Neck of the Femur was read by Sir William Adams, of London, and in the Medical Section, a paper was read by a Russian professor, in English. The unintelligibleness of the English language with a Russian pronunciation was admirably displayed, it being impossible, sitting close to the reader, to keep the run of the discourse.

A very elaborate paper was read in the Medical Section, on Friday, by Dr. Ezra M. Hunt, of New Jersey, upon Alcohol in its quality as Food.

The conclusion of the paper was that it is not proved that alcohol is food under any circumstances.

That the dangerous tendency to excessive use unfitted it for employment as a luxury, and that the medical prescription of it should be made with great caution in reference to the perpetuation of its employment when no longer needed for any therapeutic purpose.

Upon the conclusion of this paper, memorials were introduced from several temperance societies, and by vote of the Section, these conclusions of Dr. Hunt were recommended to the general session as the answer to the memorialists.

There were two Sections of this Congress which were not conducted or attended with reference to any pecuniary returns for

the time and attendance devoted to them, one of these was the Section of Sanitary Science and the other that of Biology.

It was natural for one to wish that he could divide himself up into sections when, by looking at the printed programme, he could see that in two or more Sections, subjects were to be discussed upon which he was equally interested.

The Congress was laborious and harmonious, and the volume of Transactions will be of great value especially for its historical information.

P.

Proceedings.

INTERNATIONAL MEDICAL CONGRESS.

MONDAY'S PROCEEDINGS.

At twelve o'clock on Monday, September 4th, the International Medical Congress was called to order by Prof. S. D. Gross, President of the Centennial Medical Commission, in the hall of the University of Pennsylvania. There were at a rough estimation, four hundred and fifty gentlemen in the audience. The Right Reverend Bishop Stevens, of Pennsylvania, opened the exercises with prayer, after which Professor Gross delivered an eloquent address of welcome, which we regret we cannot give at length. We give merely an extract, in which he dwells with natural pride on the progress of the country as exemplified by such an occasion.

"In its wide range, the present congress is without a parallel. Similar bodies have repeatedly met, but none on so grand a scale or with such a cosmopolitan outlook.

"In organizing the congress the commission may have been

guilty of undue partiality towards their own country. Perhaps such a tendency was, after all, only natural. However this may be, certain members felt an irresistible desire to show the world what the century since the establishment of our independence as a free and sovereign people has accomplished for scientific medicine. For this purpose, topics illustrative of the progress and present condition of the different branches of medicine in the United States have been assigned to gentlemen of acknowledged rank in the profession in different sections of the Union. These exercises will, it is believed, add greatly to the interest of the occasion. Time was when we had no medical literature, no medical science; when we were utterly helpless, and wholly dependent upon the aid derived from our European brethren, especially the English, whose language, practice, and habits we made our own. The poverty of the country in these respects cannot be better illustrated than by the fact that we had no native works on medicine and the collateral sciences until after the commencement of the present century. Many of you will recall the words of the great English lexicographer, who, in 1769, in speaking of the American colonies, exclaimed, ‘Sir, they are a race of convicts, and ought to be thankful for anything we allow them short of hanging.’ The Abbé Raynal, writing in the latter part of the last century, declared that America had not yet produced a single man of genius; and the exclamation of a celebrated Scotch reviewer, uttered at a more recent period, ‘Who reads an American book, who goes to an American play, or who looks at an American picture?’ is still fresh in the memory of many of the present race of men. The discourses which will be delivered before you on the progress of American medicine will serve to show that the profession in the United States has earned for itself an enviable reputation, and that it is fully abreast with all the other pursuits that adorn the human mind and shed lustre upon the scientific character of the nation. They will serve to show that we have passed the period of medical provincialism, and that we stand upon a lofty platform, to which we need not be ashamed to invite the representative men of the profession of foreign countries, however illustrious, or however far advanced in the arts of civilization.”

Following the address of Dr. Gross, the names of a committee of thirteen, who had been nominated by a committee appointed by the commission, were submitted to the congress for acceptance. The duties of this committee were the nomination of the officers of the congress. Nine of them were Americans, four were Europeans. Their appointment was confirmed by unanimous vote of the congress. Dr. Austin Flint, of New York, was then introduced as the reader of the address on Medicine. This interesting address, of which we give an abstract elsewhere, was listened to with great attention, and, at the close, Dr. Gross made reference to the modesty which led Dr. Flint to omit all mention of his own celebrated writings. The address was then referred to the Committee on Publication.

The thanks of the congress were tendered Dr. Gross for his address, and a copy of it was asked for publication.

The Committee on Nominations next reported their choice of the following gentlemen as officers of the congress:—

President: Dr. S. D. Gross, Philadelphia.

Vice-Presidents: Dr. Paul F. Eve, Tennessee; Dr. Joliffe Tufnell, Dublin; Dr. W. L. Atlee, Philadelphia; Dr. C. Lasige, Copenhagen; Dr. J. B. Johnson, St. Louis; Dr. F. Seneleden, Vienna; Dr. Hunter McGuire, Virginia; Dr. Johan Hjort, Christiania; Dr. S. G. Richardson, New Orleans; Dr. William H. Kingston, Montreal; Dr. J. P. White, New York; Dr. H. Mujake, Japan; Prof. N. R. Smith, Baltimore; Professor Rudnen, St. Petersburg; Dr. J. M. Toner, Washington, D. C.; Professor Hueter, Greifswald; Dr. G. L. Collins, Rhode Island; Dr. R. F. Hudson, Australia; Dr. H. Gibbons, California; Dr. P. De Basieux, Belgium; Dr. N. S. Davis, Chicago; William Adams, Esq., London, Eng.; Dr. L. A. Dugas, Georgia; Professor Simpson, Edinburgh; Dr. J. K. Bartlett, Wisconsin.

Honorary Vice-Presidents: Surgeon-General Barnes, U. S. A.; Surgeon-General Beale, U. S. N.

Secretary-General: Dr. I. Minis Hays.

Assistant Secretaries: Dr. William B. Atkinson, Dr. R. J. Dunglison, Dr. R. A. Cleaman, Dr. W. W. Keen, Dr. Bertolet.

Section of Medicine: Cairman, Prof. A. Stillé; Secretary, Dr. J. Ewing Mears.

Biology: Chairman, Prof. J. C. Dalton; Secretary, Dr. J. Tyson.

Surgery: Chairman, Prof. Joseph Lister; Secretary, Dr. J. H. Packard.

Dermatology and Syphilology: Chairman, Dr. J. C. White; Secretary, Dr. A. Van Harlingen.

Obstetrics: Chairman, Professor Barnes, of England; Secretary, Dr. William Goodell.

Ophthalmology: Chairman, Dr. R. Brudenell Carter; Secretary, Dr. J. Green.

Otology: Chairman, Dr. L. Turnbull; Secretary, Dr. C. H. Burnett.

Sanitary Science: Chairman, Dr. Stephen Smith; Secretary, Dr. E. M. Hunt.

Mental Diseases: Chairman, Dr. J. P. Gray; Secretary, Dr. W. Kempster.

Dr. Gross, on taking his seat, thanked the congress for the honor conferred on him, and said that nothing would be dearer to him during the remainder of his life than to have presided over their deliberations. He considered it was an honor not solely bestowed on him, but as a tribute to the profession of Philadelphia, who had been so instrumental in organizing this congress. To preside over such a body is an honor of no ordinary kind.

The meeting then adjourned, to meet at ten o'clock on Tuesday.

TUESDAY'S PROCEEDINGS.

The International Medical Congress reassembled at ten o'clock Tuesday morning in the chapel of the University of Pennsylvania, West Philadelphia, Dr. S. D. Gross, president, in the chair.

Dr. I. Minis Hays announced that up to three o'clock, Monday, the names of about three hundred delegates were registered.

Next in order came the reports from Sections, which were read.

Dr. T. G. Richardson, of New Orleans, moved that the congress be not held responsible for the reports of the Sections, and

Dr. Nathan S. Davis, of Chicago, moved that the reports be merely accepted and referred for publication. Both motions were agreed to.

Congratulatory letters from foreign societies were then read, after which were read invitations to delegates to visit the University buildings, the new hospital of Jefferson College, the College of Physicians, and the Academy of Natural Sciences. It was then announced that Room 4, in Judges' Hall, Centennial grounds, had been reserved for the use of delegates.

Dr. Austin Flint, of New York, offered a preamble and the following resolutions, which were adopted:—

Resolved, First. That the members of this International Medical Congress regard with great interest the contribution of a national medical library in the city of Washington, and respectfully petition the Congress of the United States to provide for additions to the number of volumes and periodical publications until the library is made as complete as possible.

Second. That in view of the necessity of what is known as a *Catalogue raisonné* in order to render the library properly available for reference, this International Medical Congress urge the importance of an early completion and publication of such a catalogue.

Third. That the specimen fasciculus of the catalogue, which is stated to be nearly ready for the press, affords evidence of great labor and care, and the arrangements for convenience of reference, it is believed, will prove in all respects satisfactory.

Fourth. That those of the delegates to this International Medical Congress who are citizens of the United States, and other members of the medical profession in this country, are urged individually to exert their influence to secure the enlargement of the library and the speedy publication of the catalogue.

The Committee on Nominations presented the following additional report, which was adopted:—

Committee on Publication (with power to choose its chairma and an editor): Dr. J. Ashhurst, Jr., Dr. R. J. Dunglison, Dr. William Goodell, Dr. J. H. Hutchinson, Dr. Caspar Wister.

Treasurer: Dr. Caspar Wister.

Vice-Presidents of the Sections: Medicine: Dr. R. P. Howard, Canada; Dr. J. J. Woodward, U. S. A.

Biology: Dr. A. Flint, Jr., New York; Dr. F. W. Campbell, Canada.

Surgery: Dr. J. A. Grant, Canada; Dr. J. Ashhurst, Jr., Philadelphia.

Dermatology and Syphilology: Dr. S. Englestet, Copenhagen; Dr. E. Shippen, U. S. N.

Obstetrics: Dr. A. Simpson, Edinburgh; Dr. W. H. Byford, Illinois.

Ophthalmology: Dr. William Thomson, Philadelphia; Dr. W. H. Williams, Texas.

Otology: Dr. A. Buck, New York; Dr. C. J. Blake, Boston.

Sanitary Science: Dr. J. S. Billings, U. S. A.; Dr. H. B. Baker, Michigan.

Mental Diseases: Dr. J. Ray, Philadelphia; Dr. E. Griscom, New Orleans.

Dr. Bowditch delivered an address on hygiene, an abstract of which we may print in our next number.

The Sections met at three p. m. In the Section on Surgery, Prof. John T. Hodgen, of St. Louis, read a paper on Antiseptic Surgery. He defined septicaemia, and referred to the views of Rindfleisch, Tyndall, and Pasteur. Tyndall concludes that bacteria are irregularly diffused through the air; hence the difference in hospital experience in various sections. In some there is more septicaemia, in others less. In septicaemia the blood contains elements of putrefaction, and the purulent or putreulent elements are derived from fluids. Absorption, as asserted by Billroth, takes place most readily in the early stages of inflammation and in recent wounds. Diseased skin and wounded surfaces take up these matters readily, yet the latter do not pass through healthy granulations. This has been proved by experiment. Putrid pus is found in abscesses in many parts of the body. A destructive inflammation may originate in these collections, the surrounding walls of the cavities may melt away, and

septicaemia, following a large flow of putrid pus, is probably due to fresh inflammation in the walls of the abscess or cavity. Debility, fatigue, and the like, induce these changes.

Animals fed on sulphites are not so liable to septicaemia as animals otherwise fed. Any substance that arrests putrefaction is antiseptic. Cotton as dressing is not reliable, because we cannot be sure that it is free from bacteria. Heating the wool or diffusing gases through it (Lister's method) may free it from germs. Charcoal, clay, chalk, Peruvian bark, and pulverized madder-root are all useful, but not absolutely sure. Caustics destroy the living organisms upon which putrefaction depends. Currents of dry air, by desiccating the fluid from wounds, prevent absorption of putrefying matter. Practice is infinite in variety. One practices isolation; another, ventilation; another watches over the wound; another seals the absorbing surface. One leaves wounds open: another washes and scrubs; another plasters and daubs. All this shows, at any rate, the necessity of great care in protecting wounds. We see, too, the hopelessness of preventing the entrance of bacteria by plasters, powders, or fluids. If we can keep septic matters within bounds we prevent septicaemia. We see this in washing out wounds or inflamed uteri.

The antiseptic ligature cannot be ignored. It becomes absorbed and organized. Lister says that we really surround vessels with living animal tissue. Epithelial cells, as is well-known, after removal from their place of origin, can proliferate. Why, then, cannot animal ligatures revive and become organized when around vessels?

Dr. Paul F. Eve uses the tendons of the deer. They become absorbed.

The entrance of septic germs may be prevented, but only for a time. Actual prevention requires such exact care as will be seldom seen. Practically the conditions to be met are so difficult as to make us nearly powerless. Germs have been found under dressings so ingenious as those of Lister, it shows how nearly impossible it is to prevent their contact with wounds.

Professional experience teaches us that, as Billroth asserts, absorption by granulating surfaces does not take place rapidly

enough to cause septicæmia. It takes place *before* granulation begins.

Drainage tubes, water baths, and other rapid means of cleansing wounds will prevent absorption.

The paper being concluded, Dr. Hewson, of Philadelphia, related his experience with various dressing, finally adverting to the earth treatment, with which he has been very successful. He thinks water dressings and douchings convey germs, and agrees with an English author who says that all fluids as dressings are bad for this reason. For ten years he has not used ligatures, but acupressure and torsion, and thus one source of putrescence is avoided. Dr. Hewson now removes dressings as infrequently as possible, covering wounds with blue paper, which, he thinks, excludes rays of light. During the past few months he has used salicylic acid, but has not allowed wounds to be washed nor dressing to be disturbed when not soaked by the discharges. At present he finds nothing so satisfactory as salicylic acid. He finds, too, that it relieves pain.

The great event of the day was the discourse by Professor Lister in the discussion that followed this paper. He spoke for three hours, during which he received the most unwavering attention. He first referred to the great trouble which attends a perfect use of the antiseptic method. He acknowledged the wearying care attendant upon its use, but expressed his honest belief that there did not exist a medical man who would not be faithful in carrying out any form of treatment which promised to help a patient. He described an operation by which he recently cut out large wedge-shaped pieces from the two femurs of a cripple in order to straighten his limbs. To do this without strict antiseptic treatment would make success impossible.

Referring to wounds on the head, he said that to remove dressings after days in which they were left untouched, and to find no pus, but fresh cicatrices, was a new era in surgery. This cannot be done without antiseptic treatment. To open the spine, remove carious bone, and restore the patient to health cannot be done without strict antiseptic treatment. To open an acute abscess, press out the last drop of pus, and see no more form, can only be

accomplished by the antiseptic method. Unless we use this method we cannot safely tie large arteries without deep-seated suppuration. "Indeed," said he, "I should be exceedingly sorry to apply any ligature without strict antiseptic treatment. We need have no hesitation in expressing the belief that although we may have good healing without antiseptic treatment, we cannot thus secure the best results. Antiseptic surgery is dealing with surgical cases in such manner as to prevent putrefaction. When I read Pasteur's original paper I said to myself, 'Just as we may destroy lice in the head of a child who has pediculi, by poisonous applications which will not injure the scalp, so, I believe, we can use poisons on wounds to destroy bacteria without injuring the soft tissues of the patient.' Putrefaction may be caused by an individual himself, because of his feeble condition. In simple fractures, even, we have a serious wound. If we could only see it we should say, 'Here is dead tissue. It must be poulticed to help its removal.' I say in simple fractures are injuries of all degrees.

"If injury follows the opening of an abscess, it is not due to the admission of matter from without, but to the effect upon the pyogenic membrane, which gives it power to absorb, as it did not when intact. So says Billroth. But we did not need to have Billroth tell us that granulations do not absorb, and that putrescent absorption occurs before granulation. I said this in works of mine years ago. We all know how when water dressings are removed from granulating surfaces, the whole ward will stink, and yet the granulations do not absorb. We knew this long before Billroth wrote. The cause of the mischief in the free opening of abscesses without the antiseptic treatment is that the pyogenic membrane is not in a condition of granulation. But in acute abscesses we have a granulating surface, just as we have in recent wounds. It is not so in chronic abscesses. Many abscesses do not form pus at all until they are opened. They are not then in a condition of granulation, but in consequence of their chronicity they can absorb. Granulations covered by epithelium develop in proportion to the amount of epithelium. In pyogenic membranes the surface will absorb in proportion as it

resembles a sore with the granulation stripped off. I have seen a patient die within twenty-four hours, and before the membrane had had time to granulate, by absorption of putrescent matter, and although the fluid discharge was clear and not yet pus, it stunk."

Professor Lister then showed his common and most reliable dressing. He uses carbolic acid, but insists that it be perfectly pure. That which makes carbolic acid unpleasant to the smell is cresyllic acid. "If a solution of acid and water be not clear, the cloud is caused by insoluble carbolic acid, and this portion will irritate the hands if rubbed upon them. But a perfectly pure solution will not do this. Carbolic acid has the property of penetrating through many, even oily, substances and will cleanse more perfectly than anything else I know." Lister likes salicylic acid, but prefers carbolic because more volatile and hence more searching. He then showed his ingenious spray producer, which is so arranged that the spray can be directed at any angle upon a wound without the need of an assistant. He begins his dressing by first requesting his patient to cleanse the injured part by washing. He used to exercise the carpus. Now he does not like the operation. In case of injury, in which there is great mobility of the wrist, he makes two or more free incisions into the joint, keeps the wound open, and uses a drainage tube, with good results. The finger-nails should always be cleaned before the hand or finger is introduced into the body. Nothing of this sort should be neglected. Be sure not to introduce anything into the wound not cleansed by the carbolic acid lotion of one part of acid to twenty of water.

Lister uses a coarse netting dressed with a mixture of carbolic acid one part to resin five parts. He first lays upon the wound a piece of oil silk well varnished with copal varnish and wet in the carbolic acid lotion. He does not use this in opening abscesses, because he does not wish them to heal. If the gauze went first upon the wound it would irritate and cause a flow of pus, but if the oil silk be first laid on we may leave the dressing for a week. The trouble is great, but it pays. If during an operation an instrument be laid on the table it should not be again

used until it has been dipped into the carbolic acid lotion. Those who use the method do this instinctively. The gauze is next laid on, first being dipped into the carbolic acid lotion. The remainder of the dressing, already prepared of layers of calico, oil silk and wadding, must not be laid on without first protecting it by gauze dipped into the lotion, because, having been lying upon the table, it may be covered with germs. All this is done under a cloud of spray, and when the dressing is changed it must be done under the spray, and one must see that this plays between the dressing and the skin of the patient. The whole is bound on by a roller of silk gauze moistened in the solution.

Lister then at great length explained his own experiments and those of others with milk, water, urine and other fluids, variously protected from bacteria by covers, or by boiling, and he showed how germs may find entrance into fluids, and how these fluids may be protected from them. In regard to bacteria found in freshly voided urine, he said he believed that a healthy mucous membrane in the urethra prevents the development of bacteria. In lesions of the membrane, if it be washed by a solution of water and carbolic acid, and the penis be washed in the solution and a cap soaked in the solution be put on, the urine will not change in any respect. He then described his catgut ligature and his method of preparing it. He at first tried chromic acid, but that substance made the ligature too hard. He then tried glycerine, chromic acid and water; next, chromic acid and carbolic acid; now he uses chromic acid, glycerine, water and spirits of wine.

Professor Gross then said that for years he has prevented irritative fever in patients who had chronic abscesses, without the antiseptic method, by putting them at once under the influence of anodynes and keeping them thus for several days.

In reply to a question as to the use of the antiseptic treatment on abdominal lesions, Lister mentioned a case in which the bowel protruded and lay outside the cavity for half an hour, covered with a cloth dipped in the carbolic acid solution. The bowel was returned and there was not the slightest disturbance of the peritoneum. All operations are done under spray. He him-

self never did ovariotomy because there was an ovariotomist in his hospital, but of all his six colleagues, with one exception, employed the antiseptic treatment as carefully as he himself, and their success is in proportion to the amount of care they use. Lister said many other things of interest, but lack of space will not admit them here. He spoke three hours and kept the attention of his audience to the end. He explained away the report that bacteria had been seen under his dressings, by saying that the report was started by Ranke, Volkmann's assistant in Halle, who thought he had discovered bacteria, but, when Ranke came to Edinburgh, Lister showed him that these supposed bacteria were only a microscopic illusion, a false impression caused by a movement of the fluid in the field of the microscope, which movement was communicated to particles of inanimate matter which resembled bacteria. Ranke confessed his error.

In the Section on Medicine, Dr. J. J. Woodward read his paper on typho-malarial fever, and answered the question, "Is it a special type of fever?" in the negative. Curves which he has constructed show that this form of fever occurs most intensely in autumn. Some sections, as New England, New York, West Virginia and others are free from this fever, but it prevails in the Southern States and on the Atlantic coast, increasing as we go south. Throughout all the great regions occupied by our armies in the late war, these fevers prevailed with excessive force; disordered livers and big spleens were abundant.

Typhoid fever is more frequent in the North than at the South, but exists everywhere. It decreases as we go south, but areas occur in which it is prevalent. Liebermeister compared the statistics of typhoid fever and found it generally autumnal, except in Milan. Dr. Woodward thinks that Liebermeister's curves represent the annual course of typhoid in America, and has addressed the question to secretaries of boards of health all over the country, but has not yet had time to analyze their replies. He thinks that typhoid rages most from September to November. In numerous districts of America intermittent and remittent fevers once prevailed. The intermittent fevers decreased, and remittent took more and more frequently the form of typhoid

fever. When the periodical fevers form epidemics, the typhoid retires until they disappear.

The supposition that diseases can exist only as entities is dead. The typhoid and intermittent do exist as hybrids. This was appreciated by Dickson and Drake. Dr. Woodward does not mean that typho-malarial fever is a type, but a condition, due to exposure to elements which cause intermittent and typhoid fevers. In groups of cases in which the malarial element at first predominated, but after a week typhoid and continued symptoms set in, some symptoms failed, as rose spots and diarrhoea, but other symptoms were present. Many cases ended favorably because, Dr. Woodward thought, of the free use of quinine. Fatal cases showed, at autopsy, only sharp catarrh of the bowels, but sometimes the glands of Peyer were swollen and pigmented, or the surrounding mucous membrane was pigmented. In others the spleen and liver were enlarged, and a diphtheritic condition of the mucous membrane of the bowels was found. In fact, every variety of difference between typhoid and intermittent existed. Dr. Woodward could not and would not attempt to draw the line. In a second class of cases, typhoid predominated. They were clinically more like typhoid, but there was an unwonted tendency to intermissions and periodicity. There were also gastric disturbances and ague spasms. But after death these cases showed only typhoid conditions. The spleen was much enlarged in many cases. Uncomplicated typhoid was not the prevailing form, whatever may have been said.

Dr. Woodward sees in periodicity an additional reason for the great mortality in our army. A scorbutic taint was also widespread and must have influenced the general condition of fever patients, increasing their tendency to mental and bodily debility. In fatal cases Peyer's patches were in the form of black sloughs, evidently modified by the scorbutic element.

"Is typho-malarial fever a special type of fever?" Dr. Woodward's opinion is that it is not, but only a hybrid of old and well-known conditions. The essential point is the recognition of hybrid or complicated forms of typhoid and malarial fevers. The scorbutic element was only the accident of our war. Dr.

Woodward still believes that simple typhoid and simple remittent did occur, but to what extent has not been tabulated.

He closed his paper by quoting leading men who accept his theories.

In the Section on Medicine the afternoon was mainly occupied in discussing the question as to the duality or unity of croup and diphtheria. The majority were decided disciples of the dual theory.

The paper on Medical Teaching, by Professor Reid, of Halifax, advocated the greatest simplicity in teaching, in the use and number of terms. The paper, though clear in matter and good in quality, was so elementary in character that it was voted that it should not be reported to the general meeting.

In the Section on Obstetrics the papers for the day were read and warmly received. An extra paper on Dressing of the Pedicle in Ovariectomy was also read, and gave rise to the usual long discussion.

In the Section on Dermatology the question, "Are eczema and psoriasis local or constitutional manifestations?" was discussed in the paper read by Dr. Bulkley. The unanimous decision was in favor of the constitutional character of these affections.

Your reporter failed to hear the probably interesting paper on the Excretory Functions of the Liver, read by Dr. Austin Flint, Jr., before the Section on Biology.

This Section listened to Professor Johnston's paper on Microscopy of the Blood. It was stated during the reading of the paper that there are two varieties of fish which have circular red blood corpuscles.

The discussion which followed settled into consideration of the old question concerning the ability of microscopical experts to distinguish the blood corpuscles of man from those of animals. The ground taken by Dr. Richardson is that if the question be narrowed down to whether this blood be that of man or of sheep, the microscope will reveal the difference without failure. Nothing new was developed by the discussion.

The Obstetric Section listened to Dr. Byford's paper on Uterine Haemorrhage. The remaining Sections were but poorly attended.

Monday evening, the physicians of Philadelphia gave the delegates a reception at Judges' Hall in the Centennial grounds.

The two receptions given by Drs. Thomson and Wilson were fully attended and very elegant in character.

WEDNESDAY'S PROCEEDINGS.

The International Medical Congress re-assembled this morning at ten o'clock, in the chapel of the University of Pennsylvania, West Philadelphia, Dr. S. D. Gross in the chair.

Dr. John L. Atlee moved that the Secretary or the Publishing Committee be requested to send to the Governor of each State and Territory, and to each Province in Canada, a copy of the address of Dr. Bowditch. Adopted.

Dr. I. Minis Hays reported that the names of over four hundred delegates had been registered.

The National Temperance Society here presented a request, which was quietly and unanimously tabled.

Dr. Seguin, of New York, addressed the congress, after which the following was adopted:—

"The International Medical Congress of 1876 recognizes the advantages which would accrue from the introduction of a gradual uniformity in the multiple and heterogeneous elements of physic, as posology, nomenclatures, etc., and in the means and records of medical observation.

"In consequence, the congress appoints three delegates to the International Congress of 1877, to meet at Geneva, Switzerland, with the special duty of presenting a schedule of the means of uniformity in physic actually applicable in all countries, and another of those which could soon be made acceptable by the profession at large. Said delegates to be advised to invite the co-operation of the men who have already worked for the same cause at the International or National Medical or Pharmaceutical Congresses of Paris, Vienna, St. Petersburg, Brussels, and Buffalo."

Reports from the different Sections were then presented.

The Section on Mental Diseases reported on the question of

Responsibility of the Insane for Criminal Acts as follows:—
Resolved, “That there is at present manifested a tendency to hold the insane responsible for the commission of acts. That this tendency is unjust, unphilosophical, and contrary to the teaching of pathology, which clearly points out that insanity is the expression of disease.”

The Section on Sanitary Science reported on the paper on Hospital Construction and Ventilation read by Prof. Stephen Smith, of New York, as follows: “*Resolved*, That the report of Dr. Smith be recommended to the congress for publication. While the Section does not pass judgment as to the conclusions of the report, the paper contains much of an interesting and historical character.”

The Section on Otology, on the question, “What is the best mode of uniform measurement of hearing?” reported by Dr. Charles H. Burnett, concludes that “the preference should be given to the voice over the watch and tuning-fork, and recommends a series of test words.”

The Section on Biology, in reference to the paper by Prof. Austin Flint, Jr., on Excretory Functions of the Liver, reported Dr. Flint’s conclusions as follows:

(1.) Cholesterine exists in health in the bile, the blood, and nervous matter, also in the crystalline lens, in the spleen and in meconium.

(2.) Cholesterine is found for the most part in nervous matter, from which it is passed into the blood. The blood gains cholesterine in its passage through the brain. Its formation is constant, and it is always found in the blood.

(3.) Cholesterine is separated from the blood by the liver and is discharged with the bile. It preexists in the blood, serves there no useful purpose, and if it is allowed to accumulate, blood poisoning results.

(4.) The bile has two separate and distinct functions, to which the so-called biliary salts, glycocholate and taurocholate of soda, contribute; these do not exist preformed in the blood, but are the products of secretion. The second function of the bile-

is excretion with depuration, this being accompanied by removal of cholesterine, which it obtains from the blood.

(5.) Normal faeces do not contain cholesterine. The latter substance is represented by sterorine, formerly called seroline, into which it becomes converted in its passage down the intestine. The conversion of cholesterine into sterorine does not, however, take place when digestion is arrested or when it is not necessary, as is shown by the presence of cholesterine in its own form in the faeces during fasting, and in the meconium.

(6.) The difference between the two varieties of jaundice—one mild, the other severe—is dependent upon obstruction of the bile ducts in the one instance, with reabsorption of biliary coloring matter, while in the other there is retention of cholesterine in the blood, in consequence of destruction of the parenchyma of the liver.

(7.) That condition of the blood dependent upon the presence of cholesterine in the blood I call *cholesteræmia*. It is characterized by symptoms referable to the brain, and may or may not be attended with jaundice.

(8.) Cholesteræmia does not occur in every disorder of the liver, because even when a part of the organ is disordered, there may remain a portion still capable of performing the function of excreting cholesterine.

(9.) In case of simple jaundice, even where faeces are decolorized, there is an accumulation of cholesterine in the blood.

(10.) Cholesterine bears the same relations to the liver as urea does to the kidney.

The question as to whether eczema and psoriasis are local or constitutional was decided by the Section on Dermatology in favor of the constitutional character of these lesions.

The remaining Sections did not report.

The address on Surgery was then read by Prof. Paul F. Eve, of the University of Nashville.

It is not easy to make an abstract of a paper which was almost purely encyclopædic in character.

Dr. Eve first referred to the condition in which America was left by the war for independence. Our surgeons had no name

abroad. Even Physiek, the "Father of American Surgery," was not admitted as house surgeon to a London hospital. But fifty years later a French surgeon said to an American student, "You ought to be proud of America, for she holds the sceptre of surgery." An historical sketch of Physick then followed, including notice of his invention of the seton, and forceps; his adoption of animal ligature, buckskin being preferred; his invention of the tonsillotome; his operations for stone; his paper on Cystic and Sacculated Rectum. His nephew published a work on surgery which embodied Physick's views. This work became a text-book in Edinburgh. Intimately connected with the rise of surgery were four other surgeons: Warren, Mott, Dudley, and Gibson.

There were three distinguished Warrens: Joseph, the martyr of the Revolution; John Warren, who gave the first course of lectures on Dissection, and thus probably inaugurated the Medical Department of Harvard University. J. Collins Warren succeeded his father in 1815. He contributed greatly to medical literature, his work on Tumors being published in his seventy-seventh year. He was the first surgeon who operated under ether. J. Mason Warren has also left a brilliant record.

Mott was then mentioned. He was the first to tie the common iliae; he tied the common carotid fifty-one times; amputated more than one thousand limbs; no surgeon ever tied so many arteries with such safety as he. Astley Cooper allowed that Mott had performed more operations than any surgeon who had ever lived. He probably never had a superior as an operator. Dudley graduated in Philadelphia in 1806. His theory was that if the chylopoietic viscera were properly cared for, the rest of the body would take care of itself. He took advantage of nature and rest. He originated the Medical Department of the Transylvania University, Lexington, Kentucky. He claims the first cure of aneurism by tying the common carotid. He was known as the lithotomist of the West. He cut for stone two hundred and twenty-five times and lost only six patients.

Gibson, of Baltimore, was probably the best lecturer who ever lived in America. He was the first to tie the iliac in gun-shot

wound ; he twice performed Cæsarean section, in both cases saving mother and child.

Dr. Warren Stone, of New Orleans, was the first to ligate a human artery with wire.

An American surgeon was the first to cure popliteal aneurism by pressure.

This paper was eloquent and interesting, but was a closely-written sketch of the men who made American surgery, and cannot be fairly reproduced in a limited space.

Dr. J. M. Toner's paper was then read, his subject being Medical Biography. He said, " Gentlemen of the Centennial International Medical Congress, I appear before you to discharge the duty assigned me of preparing a biographical retrospect of the medical profession of the United States during the centennial period just passed. Though apparently an easy task, I cannot approach it without hesitation, apart from the feelings of diffidence which under any circumstance this occasion and this audience must inspire.

" In glancing over the period to be embraced in this retrospect I am struck by the paucity of really striking events which influenced the practice of medicine, which have left special marks at the end of the first century of our national existence. Wars have generally been promotive of medical science, and our profession was no doubt much benefited by the contest for independence.

" For the first quarter of a century after this armed struggle, the leading physicians and surgeons were those who had served in the army. The most notable event of this period was the occurrence of an epidemic yellow fever, which appeared in the summers of 1793 and 1798 in nearly all our Atlantic cities. This disease tested the courage and taxed the energies and best skill of the profession, and prompted the more eminent to reduce their observations to writing, and to have them published either in defense of their practice or for the laudable purpose of making contributions to medical science.

" The second quarter of the centennial period was distin-

gnished by the introduction of vaccination, the occurrence of spotted fever, and the war of 1812.

"All of these were events which stimulated the profession to more extended studies, and became incentives to authorship ; this was especially true of the disease known as spotted fever.

"The war of 1812 proved to be another great school of experience, although it was not fruitful in medical reports or publications. The aspiration which it aroused, however, in the profession, gave an impetus to the establishment of medical periodicals and the founding of medical colleges and hospitals.

"In following out the plan of dividing the century into quarters, the third may be marked as noted for the discovery of anaesthesia, the epidemic of Asiatic cholera of 1832 and 1848, and the war with Mexico, as well as the discovery and the application of many new and improved methods of physical exploration in the search for disease.

"The last quarter, which has just closed, is specially distinguished by the vast experience of the late war, which was a great school, and which has benefited the medical profession of the whole country ; the extended use of anaesthesia in painful surgical operations, the increase of scientific means for exact diagnosis, the introduction of new and potent remedies and modes of administration, and the founding of hospitals and medical colleges in nearly all the large cities."

In the more strictly biographical part of the address he alluded especially to Drs. Benjamin Rush, Philip Sing Physick, Daniel Drake, John and John Collins Warren, Nathan Smith, Reuben D. Mussey, James Jackson, Nathaniel Chapman, Elisha Barton, John K. Mitchell and John Morgan.

In the Section on Surgery, Professor Van Buren's paper should have been read in the order of the programme, but Prof. Lewis B. Sayre first read his paper on Coxalgia. Since Dr. Sayre had arranged to make a practical display of his method of treating this disease at the Philadelphia Hospital, he omitted much of the general detail of the subject. He drew the following conclusions :—

(1.) That *morbus coxarius* is a disease peculiar to early childhood, or the age of reckless indifference.

(2.) That it is almost always of traumatic origin, and not necessarily connected with vitiated constitution.

(3) That *rest* and freedom from pressure of *the parts* involved, while at the same time the rest of the body is allowed free exercise in the open air, and a nutritious diet, is the best treatment that has yet been devised for this disease.

(4.) That if this plan of treatment is adopted in the early stages of this disease, the majority of cases will recover with nearly, if not quite, perfect motion and without deformity.

(5.) That in the advanced *second* stage of the disease, when absorption cannot be produced, it is better to puncture or aspirate the joint and remove its contents than to leave it to rupture by ulceration.

(6.) That in the third stage of the disease, when the treatment recommended in this paper has been properly applied without satisfactory improvement, but progressive caries continues, then *exsection* of the diseased bones is not only justifiable but absolutely necessary.

(7.) That the operation of exsection of the hip is easily performed and attended with no danger.

(8.) That after exsection of the hip-joint in cases of caries the recovery is much more rapid and certain, and infinitely more perfect as to form, motion and the usefulness of the joint and limb, than when left to the slow process of nature's exfoliation.

Dr. C. H. Mastin, the reporter on the Causes and Geographical Distribution of Calculous Disease, was unable to be present. His paper was read by Dr. H. Lenox Hodge. Dr. Mastin states that—

The *probable* causes at work in the formation of calculous affections are :—

- (1.) Hereditary influences, which control a diathesis.
- (2.) Digestive troubles, induced by an excess or deficiency of proper diet.
- (3.) Sedentary life, with indulgence in stimulating food, by which healthy nutrition and assimilation are altered to mal-assimilation and mal-excretion.

(4.) Climatic changes, deficiency of clothing for the proper protection of the body, and an arrest of the healthy function of the dermoid tissue.

(5.) Want of harmony between the great secreting and excreting organs of the system,—the liver, skin and kidneys,—with catarrhal affections of the uro-poietic viscera favoring the formation of a colloid medium.

(6.) Injuries of the spinal cord, from which a proper nervous influence over the mucous membrane of the urinary organs is lost; foreign bodies introduced into the bladder, producing cystitis, with its consequent muco-purulent discharge, from which the phosphates are precipitated.

In the section relating to hereditary influences he takes the ground that gout and calculus are nearly akin, one being the result of an excess of urate of soda in the system, the other dependent upon an undue proportion of uric acid; he tries to prove that they are two different phenomena springing from one and the same root, and that consequently the causes which produce the one must influence the other.

Owing to want of time he was unable to enter into an extended review of the geographical distribution of calculous affections, and hence confined his remarks on this point to calculus in America.

The paper on the Medical and Surgical Treatment of Aneurism, by Prof. William H. Van Buren, of New York, was a very valuable compilation. The subsequent discussion was shared by Professor Lister and Prof. Joliffe Tufnell. The latter illustrated his remarks by means of photographs and prepared specimens. Rest was the treatment he especially advocated. In regard to aneurism, Lister remarked that the question was not so much as to whether an aneurism were idiopathic or traumatic, but as to the amount of danger involved in surgical interference. If an aneurism were traumatic we at once cut down upon it and ligate the artery, knowing that no matter where we ligate the vessel will be healthy. On the contrary, in idiopathic aneurisms we may have an artery which will not bear a ligature until we have

dissected far up or down its continuity. In these cases it is almost as well to do the old operation at once.

Lister said he thought the old tourniquet much safer than is commonly supposed. He believes that when it produces ill effects it has not been rightly adjusted, or it has been left in the hands of unqualified assistants. Symes had only one death in forty cases, and this because he used compression. Lister then described his treatment of nævæ, by strangulation, the only modification being the use of carbolized catgut ligature.

Dr. John Ashhurst, of Philadelphia, then said that in regard to the abdominal compression, Professor Pancoast had not claimed the credit which belonged to him. He was too busy a man to publish all he did. "But," said Dr. Ashhurst, "Professor Pancoast invented a compressor which antedated Lister's instrument about two years," although it was acknowledged that Professor Lister's compressor was more perfect. Dr. Ashhurst felt that as an American he ought to claim thus much credit for a native surgeon.

Professor Joliffe Tufnell then informed the Section that in 1835 LeStrange, of Dublin, left his collection of surgical instruments to two colleges in that city, and that among them was a compressor, invented by LeStrange, proving that there is almost literally nothing new under the sun. But it was felt by some that Tufnell was not quite fair in this allusion to LeStrange's instrument, for *it* was a simple abdominal compressor, used only in treatment of aneurism, whereas Pancoast's compressor was invented and used entirely for the purpose of checking and controlling haemorrhage during operations at the hip-joint, so that a comparison of two similar instruments which were invented for entirely different uses should not have been made.

It was then announced that Professor Estlander, of Finland, would read, on the following day, a paper on Osteo-Sarcoma, and another on Vesicle Disease in Finland.

In reply to a question concerning his statement that animal ligatures became reorganized, Lister said, "I do not claim that the ligature comes to life again, but that it disappears particle by particle, the place of each decaying particle being filled by a

new one, just as in rebuilding a wall we might put a new brick in the place of an old one."

Section of Dermatology and Syphilology. Prof. Freeman J. Burnstead, of New York, read his paper on the Virus of Venereal Sores, its Unity or Duality, to an interested audience.

The term "virus" is here understood in the broad sense of contagious principle or poison.

Bassereau, in 1852, by means of the "confrontation" of patients, established the existence of two diseases, one local and the other constitutional, in the complex affection before known as syphilis. He was followed by a school of dualists, who claimed for the local sore (as well as for the constitutional disease) a specific virus of its own, capable of generation *de novo*. This claim was overthrown by the experiments of Henry Lee, Boeck, and others, who showed that the secretions of syphilitic lesions could be auto-inoculated with the effect of producing chancroids. The assumption, in reply, by the dualistic school of a "mixed chancre," containing two kinds of specific virus, proved insufficient. Henceforth, the existence of a specific virus belonging to the chancroid must be abandoned.

The same experiments were also supposed to prove the transformation of the syphilitic into the chancroidal poison. This conclusion, however, was too hasty. Together with the secretions of syphilis, the products of simple inflammation had been inoculated; if these alone would produce the same result, then they were the guilty factor. That such is the case is proved by the experiments of Dr. Edward Wigglesworth, Jr., of Boston, performed in 1867-68, although not hitherto published, and by the more recent ones of Kaposi and others, whereby it is shown that the inoculation of simple pus will produce pustules and ulcers, re-inoculable in generations, and bearing every characteristic of the chancroid. While adhering, therefore, to the doctrine that the poisons of syphilis and the chancroid are distinct, the reporter rejects the idea that the chancroid has a specific virus of its own, and believes it to originate in inoculation of the products of simple inflammation. His conclusions were stated as follows:—

- (1.) The virus of venereal sores is dual.
- (2.) Venereal sores may be due to the inoculation of the syphilitic virus and also to the inoculation of the products of simple inflammation.
- (3.) These two poisons may be inoculated simultaneously.

Prof. James C. White read a valuable report on the Variations in Type and in Prevalence of Diseases of the Skin in Different Countries of Equal Civilization. The opinions presented by Dr. White upon this subject were based upon the analysis of five tables which he had prepared: (1) showing the comparative occurrence of the more common diseases of the skin in twenty thousand consecutive cases in American dispensary practice; (2) showing the relative occurrence of the more common skin diseases in dispensary and private practice in Boston; (3) showing the comparative prevalence of these affections in American and European dispensary and hospital practice; (4) their comparative prevalence in European and American private practice; and (5) the relative prevalence of some of the rarest form of disease in America and Europe.

The following propositions were offered as warranted by the data therein presented:—

(1.) Certain obscure affections, the aetiology of which is little understood, may be regarded as wholly absent from America. Of such are prurigo, pellagra, etc.

(2.) Certain diseases connected with poverty and uncleanliness are less prevalent in the United States than in Europe. Examples of this class are the animal parasitic affections.

(3.) Some cutaneous affections of grave character, and dependent upon serious constitutional disorders, are of less frequent occurrence and of milder type amongst us than in Europe. Lupus, the syphilitodermata, and leprosy are the most marked instances of this class.

(4.) Certain disorders of the skin, especially those of its nervous and glandular systems, are more prevalent with us than in Europe; the most notable examples being herpes, urticaria, pruritus, seborrhœa, acne, etc.

Section on Obstetrics. Dr. Washington L. Atlee read his paper on the Treatment of Fibroid Tumors. It was fully discussed, Dr. Kimball, of Lowell, taking part.

The conclusions of Dr. Wm. Goodell's paper, on Tuesday, namely, The Mechanism of Natural and Artificial Labor, were as follows:—

Regarding then the mechanism alone of labor in narrow pelvis, to which the scope of this paper is strictly limited, the following conclusions are arrived at:—

(1.) The unaided first-coming head and the aided after-coming head observe in a flat pelvis precisely the same general laws of engagement and of descent. Hence version here means art *plus* nature.

(2.) The forceps, however applied in a flat pelvis, antagonizes more or less with the natural mechanism of labor. Hence the forceps here means art *versus* nature.

(3.) The aided and the unaided first-coming head observe in a uniformly narrowed pelvis precisely the same laws of engagement and of descent. But version violates these laws. Hence, the forceps here means art *plus* nature; version, art *versus* nature.

(4.) That at or above the brim of a flat pelvis, the frontomastoid, or even the fronto-occipital, application of the forceps interferes less with the molding of the head, and violates the natural mechanism of labor less than the biparietal application.

(5.) In the flat pelvis, the vectis aids the natural mechanism of labor, and therefore meets the indications better than the forceps.

THURSDAY'S PROCEEDINGS.

Dr. Bowditch offered some resolutions declaring the importance of the work done in the surgeon-general's office, regretting that appropriations were inadequate, and providing that a committee of three be appointed to memorialize Congress. The resolutions were adopted.

In the report of the Section on Surgery, the following propositions, offered by Dr. Van Buren, were adopted :—

Tufnell's treatment of aneurism by rest, position, and restricted diet offers a valuable resource in thoracic and abdominal aneurisms.

It should always be tried in innominate, subclavian, subelaveo-axillary, and iliac aneurisms before resorting to measures attended by risk to life.

For aneurisms of the subclavian and iliac arteries the Hunterian operation, with our present means of preventing secondary haemorrhages, is not justifiable.

For reasons formally set forth by Holmes and Henry Lee, the "old operation" cannot properly be substituted for the Hunterian operation in these cases, but should be held in reserve for special cases.

It is the most safe surgical resource in gluteal aneurism, if the circulation can be commanded by the hand *in recto*.

The mode of cure by embolism aimed at in the method of manipulation is a not infrequent explanation of what is called spontaneous cure of aneurism.

The value of Esmarch's bandage in the treatment of aneurism is probably not fully estimated.

In view of the promising features presented by the cases of Levis and Bryant, in which horse-hair was introduced into an aneurismal rumor, the repetition of this operation, or the substitution for horse-hair of Lister's prepared catgut, or other animal substances, may be properly tried.

The Section on Medicine reported the following resolutions :—

On the question, "Do the conditions of modern life favor specially the development of nervous diseases?" reported by Professor Bartholow, of Cincinnati, Ohio, the Section voted "that the paper of Professor Bartholow be referred to the congress with a recommendation that it be published in the Transactions, but without an expression of the opinion of the Section on the question involved."

On the paper of Dr. W. B. Neftel, of New York, entitled The

Aetiology of Epilepsy, the Section voted "that the paper be referred to the congress for publication."

The Section on Mental Diseases reported the following conclusions of C. H. Hughes, M. D., of St. Louis, on the question of Simulation of Insanity by the Insane :—

"It is not only not impossible for the insane to simulate insanity for a purpose in any but its gravest forms of profound general mental involvement, but they actually do simulate acts and forms of insanity for which there exists no pathological warrant that we can discover in the real disease afflicting them."

The report of the Section on Biology was merely a list of three papers read before that Section by Professor Radner, of St. Petersburg, and one by Dr. J. G. Richardson, of Philadelphia.

In the Section on Dermatology and Syphilology the afternoon was mainly occupied by the reading and discussion of Dr. E. L. Keyes' paper on the Treatment of Syphilis, with special reference to the constitutional remedies appropriate to its various stages, etc. Some of the points made by Dr. Keyes were :—

"We do not claim that mercury cures syphilis, but that it removes certain elements of the disease. Iodine not only aids mercury, but does not yield a hair's breath to any other form of treatment. Iodine does not require prolonged use. Mercury is not debilitating, but tonic in small doses, and may be taken for a long time. Cases treated from the beginning with mercury do not reach the third stage. Continued treatment may be kept up two and a half to three years, and should be continued for six months after the disappearance of symptoms. Many patients treated at the Bellevue Hospital become cured, marry, and have healthy families.

In the Section on Medicine an interesting but very lengthy paper on the Influence of High Altitudes on the Progress of Phthisis was read by Dr. Denison, of Denver, Colorado.

The Section on Surgery enjoyed a field day in the discussion of Dr. Sayre's paper of the day before. It will not soon again happen that Professors Gross and Agnew, of Philadelphia ; Dr. Campbell, of Georgia ; Dr. Brodie, of Detroit ; Dr. Post, of New York ; Dr. Hungston, of Montreal ; Mr. William Adams, of

London ; Mr. Lister, of Edinburgh ; Dr. Sayre, of New York ; Dr. Moore, of Rochester ; Dr. Robertson, of Ontario, Canada, and others will engage in so earnest a discussion.

To give more than an outline of a two hours' debate would require too much space.

Professor Gross opened the discussion by saying that he could not agree with the second conclusion of Dr. Sayre's paper (that coxalgia is almost always traumatic in origin, and is not necessarily connected with a strumous constitution.) He thought this an error. He always asks concerning a coxalgic patient, "Has this child received a blow, a fall, a contusion?" The general answer is *No*. We are safe in saying that inquiry in the majority of cases would thus result. Doubtless coxalgia is sometimes the result of injury, but not necessarily so. Coxalgia *cannot* occur in a child not laboring under constitutional degradation. It is impossible as the occurrence of consumption without a forerunning debility. In case of abscess, what is the character of the pus which follows the knife? Manifestly it is strumous, like the sputa of phthisis. Turning to Sayre, Gross asked, "Have you ever seen any other kind of pus issuing from a diseased hip-joint?" "No," replied Sayre. "That settles this point, then, and shows the constitutional condition of the patient. It occurs at the hip-joint because that is the weakest part of the child, or it arises because of suppression of cutaneous perspiration. It may be hereditary. One or more members of the patient's family will be found to be consumptive, to have had caries of the spine or of the bones, or a syphilitic taint. I maintain that the part is in a predisposing condition. Unless this predisposition exists, I believe coxalgia is not liable to arise."

Dr. Campbell, of Georgia, said: "I believe coxalgia is frequently due to traumatic cause. It has been my experience that the child has had a fall or some injury. But the fall or injury would *never* have caused such a disease in a healthy child. Serofula is invariably present. It is a manifestation of general vice of constitution. While I fully agree with Dr. Sayre in his objection to too early operative interference, and although his views have helped me, I cannot agree with him in regard to cox-

algia in healthy children. It is a manifestation of constitutional taint, syphilis, or serofula."

Dr. Hingston, of Montreal, said: "It is difficult for us to depart from early teaching. Until within twelve years I believed that coxalgia was strumous. Since then I have changed my opinion. In twenty-nine cases collected by me I believe I traced twenty-six to traumatic injury. In six children of the same parents and grand-parents, one becomes afflicted with coxalgia; not the unhealthy child of the six, but the healthiest, the child who is most active in climbing, falling, etc. So soon as this child can run about without aid it takes care of itself, but before this, from its activity, it is apt to fall and become injured. Is the cause traumatic or constitutional? If traumatic, what need of constitutional treatment? If constitutional, what need of surgical appliances?"

Mr. Moore, of Rochester, New York, said: "My firm conviction is that this particular joint becomes affected because it is small in comparison with other joints, as the knee or the ankle. It is not much larger than the elbow or shoulder joint, and much more exposed to strain, and is gripped by big muscles, which in case of injury become rigid, thus holding the joint almost immovable. I do not believe in hereditary taint. I think Pott's disease is a cause, not a symptom, of consumption."

Mr. Adams, of London, said: "I believe coxalgia has a traumatic origin, and that it is an affection of the round ligament. We seldom see recent coxalgia in post-mortem cases, but Axel Key found the round ligament (post-mortem) slightly inflamed and some serum in the joint. In another case similar conditions were found, but no bone disease. There may be two causes of coxalgia: (1) irritation and inflammation of the round ligament; (2) bone disease. This is the opinion of Axel Key."

Dr. Agnew, of Philadelphia, said: "I believe it probable that a slight injury from a fall, a trip, a twist of the joint, generally starts the inflammation, but behind and beyond all I believe there is constitutional taint."

Dr. Brodie, of Detroit, said: "My opinion is that the disease starts in the cartilage and develops therefrom."

Mr. Lister, of Edinburgh, said: "Whether the disease be constitutional or not has no bearing on the treatment. Take a case of cancer. We admit it to be constitutional. If removed by operation even the local manifestations disappear. How many patients there are who live to be healthy after struma of the cervical glands. If we admit scrofula at all we must admit that it exists in coxalgia. As to the efficacy of treatment, in Edinburgh we make cures in the majority of cases."

In the discussion on coxalgia, Dr. Sayre asked: If there be constitutional taint, how can we, how do we, cure by rest and local treatment without a grain of medicine? How do we cure without constitutional treatment?

He then quoted a case in which, six years ago, he performed exsection on a girl whose joint had suppurated for years, and whose life was at the very lowest ebb. The case recovered perfectly without taking a particle of medicine. In answer to the question, Why is there sometimes congenital luxation of the femur without coxalgia? he said that he did not believe there ever was a case of congenital luxation, and thought the term a misnomer. The apparent luxation is only a lack of development of the head of the bone.

Dr. Sayre's propositions were finally accepted.

FRIDAY'S PROCEEDINGS.

The business session of the International Medical Congress was resumed at ten o'clock this morning at the University of Pennsylvania, with Professor Gross, the President, in the chair. It was announced by the Secretary that the register contained the names of four hundred and eighty delegates.

After the proper reference of reports from the various Sections Dr. N. S. Davis, of Chicago, offered the following:—

Whereas, This congress marks an era in the history of medicine in the United States of America, the addresses delivered presenting a summary of progress in the various departments which will be of great historical value in all coming time; and,—

Whereas, It is highly probable that these addresses, in con-

nnection with the many very valuable papers read and discussed in the Sections, will require for their early and proper publication more money than will be in the hands of the Treasurer for that purpose ; therefore—

Resolved, That the Committee on Publication be authorized and instructed, as soon as practicable after the final adjournment of the congress, to ascertain the probable cost of publishing the full transactions in a style appropriate for the work ; and if the money on hand is found deficient, they shall address a circular letter to each American member of the congress asking for such additional sum, not exceeding ten dollars for each of such members, as will supply the deficiency ; and that said committee be authorized to withhold the volume, or volumes, when published, from any member who may neglect or refuse to pay the additional sum required.

Resolved, That the Committee on Publication be authorized and requested to exercise a careful and liberal discretion in preparing and revising the proceedings and reported discussions in the several Sections for publication in the Transactions of this congress.

The resolutions were adopted.

The Sanitary Section yesterday adopted the following propositions appended to the paper by Dr. Henry Hartshorne upon the Disposal and Utilization of Sewage :—

(1.) Every plan for the laying out or extension of a city or town should have, as an indispensable part of it, a corresponding or co-extensive plan for the continuance or substitution of the natural drainage of the locality, and for the proper construction of a system of sewers.

(2.) The question in regard to the removal of waste and impurities from towns is not as to the maintenance of sewers, but as to whether they should be depended upon alone, or should be supplemented, more or less largely, by other measures of conservancy.

(3.) Every sewer not supplied with a sufficient flow of water to secure the transportation of its contents is a nuisance intensifying the evils it ought to remove. Ventilation of sewers will mitigate but not entirely correct such evils.

(4.) Conditions sufficient for sanitary security are afforded by the discharge of sewage at a considerable distance from a town into the sea or into a large and rapid river of which the water, at least for many miles below the exit of the sewers, is not used for drinking.

(5.) The earth-closet method of removal of excreta is, theoretically and practically, satisfactory in a sanitary aspect, the obstacles to its general adoption belonging only to economy and convenience.

A proposition offered, which affirmed that the sewage irrigation of arable land, well underdrained, is, when practicable, the most economical method of disposal of sewage, and that it is free from well-grounded sanitary objections, was not concurred in by the Section, which declined to express an opinion upon that subject, and considered it still open to investigation.

A memorial from the Women's National Temperance Union was received, calling the attention of the congress to the subject of intemperance, and was referred to the Section on Medicine.

The communication received on Wednesday from the American Temperance Association, and which was then laid on the table, was taken up and subjected to a like reference.

One of the Sections presented the following suggestions by Dr. Woodworth, Supervising Surgeon-General United States Marine Hospital Service, relative to the subject of quarantine:—

Quarantine should embrace general sanitation applied to the endemic homes of the infectious diseases, to ships, and to the exposed places. It is impracticable to apply a uniform system of quarantine to all places without reference to differences of geographical condition and climate, the commercial relations of the countries concerned, and the specific character of the disease to be combated. Hence the measures enforced should be modified to meet the requirements of each case, taking into account the liability to infection of the port threatened, the period of incubation of the disease, the length of time consumed in the passage of the vessel, and the sanitary measures enforced on board during the voyage. If these latter are recognized by the health authorities as they should be, this would furnish a strong

incentive to proper ship sanitation—a most important aid in the exclusion of cholera and yellow fever. The consular officers of the government should assist by giving timely warning of the outbreak of the disease and of the sailing of suspected vessels. The thorough disinfection of infected articles should be insured, while it must be borne in mind that disinfectants are not so much needed as cleanliness, and that their value depends in a great measure upon the manner of their application.

Dr. Woodworth maintains that by applying to the sanitary supervision of ocean trade and traffic such practical measures as are indicated by experience, the hindrances to commerce will be lessened and greater security against the introduction of cholera and yellow fever afforded.

At eleven o'clock Dr. John P. Gray, Superintendent and Physician of the New York State Lunatic Asylum, Utica, N. Y., proceeded to read a paper on Mental Hygiene. He took up the subject, dwelling upon it from individual, national and social points of view.

An address on Medical Literature was next read by Lunsford P. Yandell, M. D., late Professor of Physiology in the University of Louisville, occupying nearly an hour, and at its conclusion the addresses read yesterday, as well as those of to-day, were on motion referred to the Committee on Publication.

Prior to adjournment, which took place at one o'clock, it was announced that an invitation had been extended the congress to inspect the Medical Department of the University, the University Hospital, and the Pennsylvania Hospital.

In the Section on Sanitary Science, Dr. Ezra M. Hunt, of New Jersey, read a paper on The Present Relations of Pharmacy to the Medical Profession, and the following conclusions were adopted:—

(1.) The interests of society and of the medical profession render it desirable that the furnishing of medicine should be surrounded with greater safeguards.

(2.) There are reasons why pharmacy should be regarded as a specialty within the precincts of the medical profession.

The Section on Medicine referred the paper of Dr. Charles Denison, of Denver, Col., on The Influence of High Altitudes on

the Progress of Phthisis, but without an expression of opinion on the part of the Section.

Dr. Squibb read a paper on An Universal Pharmacopœia.

Section on Dermatology and Syphilology. In regard to the question previously referred to, Are eczema and psoriasis local diseases, or are they manifestations of constitutional disorders? the following conclusions were reported:—

(1.) Eczema and psoriasis are distinct diseases; the former is to be closely distinguished from artificial dermatitis, and the latter from the eruptions of syphilis, scaly eczema and leprosy.

(2.) Eczema and psoriasis cannot own a double causation or nature, at one time local and at another constitutional, but with other diseases may have a two-fold cause, a predisposing and an exciting one.

(3.) Eczema and psoriasis in many of their features resemble the accepted constitutional diseases more than they do those recognized as local.

(4.) Eczema is most properly likened to catarrh of the mucous membranes; it is very probable that some attacks called catarrhal are eczema and psoriasis of the mucous tissue.

(5.) Both eczema and psoriasis resemble gout and rheumatism in certain respects, and are dependent in a somewhat similar, though as yet unknown, constitutional cause; much of the skin-lesion must be looked upon as the local result or remains of the diseases.

(6.) There as yet exists no microscopical or physiological proof that eczema and psoriasis are the sole result of local cell-disorder, either congenital, acquired, or due alone to perverted nerve action.

(7.) Local causes play a very important part in the aetiology of eczema; they are probably inoperative in psoriasis.

(8.) Local treatment alone is often insufficient to remove the lesions of eczema and psoriasis, and it cannot prevent or delay relapses. Its success does not necessarily demonstrate the local nature of the affections.

(9.) Constitutional treatment alone and singly can cure many cases of eczema and psoriasis, and can prevent or delay

relapses in a certain proportion of cases; under constitutional treatment is included every agency which cannot properly be classed among local measures.

(10.) The total weight of evidence and argument is that eczema and psoriasis are both manifestations of constitutional disorders, and not local diseases of the skin.

The conclusions of Dr. Charles H. Nichols, of Washington, D. C., Superintendent of the Government Hospital for the Insane, in his paper entitled *The Best Provision for the Chronic Insane*, were as follows:—

That the provision for the chronic insane should be made by constructing buildings in connection with the several hospitals for the insane.

That it is not desirable to construct institutions solely for the care of the chronic insane.

The Section accepted and approved the above. With regard to the number of patients that may be most advantageously accommodated in one institution, there was some difference of opinion in the Section.

Section on Biology.—We give elsewhere an abstract of Dr. Harrison B. Allen's interesting paper which was read before this Section.

The Section work to-day was less active than on preceding days.

The most attractive paper was probably that of Mr. William Adams, of London, whose subject was Subcutaneous Division of the Neck of the Thigh Bone. Mr. Adams not only read a most instructive paper, but by means of a pelvis and femur he demonstrated his operation, showing and using the peculiar saws which he has invented for this operation. The incision is to be made at right angles to the long axis of the neck of the bone, but before the knife enters the tissues the surgeon must be certain that he knows just the position of the head of the bone. If the direction of the bone be not carefully calculated, serious error might result. Out of twenty-three cases of this operation, five of which were performed by Mr. Adams, one death only resulted from the operation, and this was in the case of a very

strumous boy eight years of age, whose joint was not in condition for operation. One of Mr. Adams' cases, that of a girl, was followed by deep-seated suppuration, and the patient died eight months after the operation. He asserted, therefore, that the operation is a safe one, and that danger may be kept in very narrow limits by care in the choice of the *time of the operation*. The bone remains natural in size. In children who are not strumous but little caries results. The operation was originally limited to adults whose hip-joints were ankylosed, but now all children are operated upon. When the neck of the bone cannot be operated upon because of the destructive effects which it has suffered, then the operation should be division of the shaft just below the small trochanter. Cut from without inward, placing the flat of the knife against the femur, then turn the edge and cut down to the bone. After this introduce the saw in the same way, namely, with the flat of the blade against the bone until the requisite depth is reached, then turn the teeth against the bone and "wriggle" through, and a good joint will be obtained. Mr. Adams prefers his saw to the chisel, which is apt to jump and be uncertain.

The long bones can be divided in this way anywhere. Mr. Adam's saw has a powerful handle, precisely like the butt of a pistol; the blade is straight, narrow and strong, the teeth occupying a length of only about one and a half or one and a quarter inches. Ankylosis may occur, but there may also be free motion for a year after the operation.

Dr. Post, of New York, remarked that American surgeons are under a debt of gratitude to Mr. Adams for his operation, and for the benefit which he has thus conferred upon science. His results are highly satisfactory. Dr. Post quoted a case, in which he made use of the Rhea Barton procedure, which was followed by gangrene. The post-mortem examination found the artery twisted around the short fragment. It was the first occurrence of such an accident, and he mentioned it to call attention to what might happen after this operation.

A delegate from Iowa then said he did not wish to take any glory from Mr. Adams, but felt he must refer to a case which

came into his hands twenty years ago, and in which there was shortening by fracture. He knew that by the Rhea Barton operation he could get straightening, but not elongation of the bone. After consulting every surgical work at his disposal, and securing the sanction of his medical society, he undertook his own operation. A large needle of soft iron attached to a chain-saw was passed close around the bone, and out at the aperture of entrance. Then the bone was cut through, and by subsequent treatment was lengthened, and the patient grew up to manhood with a leg which allowed him to enlist as a soldier in the late war.

Prof. Joseph Pancoast remarked that it seemed to be thought that Rhea Barton in dividing the femur took out a section of bone. He did not do this, but simply cut through with his own saw, and thus got a useful false joint. Professor Pancoast did not add, as he ought to have done, that he himself was the inventor of the removal of wedge-shaped sections of bone for the cure of deformity in the leg caused by ankylosis.

Dr. Sayre asked Mr. Adams how long he continued extension after his operation, and when he began it.

Mr. Adams said that he began extension on the fourth day and kept it up three or four weeks, but that every week he chloroformed his patient, removed the dressings, and set up passive motion for a time. This is done in order to prevent ankylosis.

Dr. Sayre said that in his cases he set his saw just above the small trochanter, cut upward, then outward, and then downward, following a general curve. He next cut through the bone again, taking out a section, thus making a good joint. Though he found Adams' operation much better, still he thought it would be an improvement to keep up more motion, and that we could finally get and preserve mobility if we were more patient and persevering.

Dr. Richardson, of New Orleans, related a case in which a washerwoman had dislocated the head of the humerus into the axilla. On moving the bone he broke it. He then pressed the smaller fragment firmly into the glenoid cavity and kept it there. After a few days he began passive motion of the lower fragment. To-day this woman has good motion, and does not even know there has been a fracture.

A question having been raised as to how much the muscles will lengthen under extension, Dr. Moore, of Rochester, said that a student of his made experiments upon muscles and embodied the results in his inaugural thesis, which was published in the *American Journal of the Medical Sciences* for 1857. He found that the small muscles required great force in order to become stretched. For instance, the foreleg of the sheep required a weight of three hundred pounds in order to stretch five-eighths of an inch. The experimenter was Dr. Bly. Dr. Moore said it had just occurred to him that, following Mr. Adams' operation, danger of ankylosis might be prevented by applying an extension weight of several hundred pounds to the limb.

A gentleman from Belgium had remarked that in attempting to diagnosticate the condition of a limb in which there was immobility at the hip-joint he almost invariably fractured the femur. In some portions of France this was resorted to as an operation. The femur having been fractured intentionally a correct position could then be obtained. The examination was always done during anaesthesia. The speaker asked Mr. Adams whether he made his preliminary examination under anaesthetics. If not, he thought it easy to fall into error, for the limb might be apparently ankylosed as a result of rigid muscles, a condition which was always overcome by chloroform.

Mr. Adams replied that he always examined under chloroform; had even tried the fracture as an operation, but did not like it, because he could not be certain of the seat of the fracture. "Sometimes," he said, "I cannot break the bone when I want to do so, and sometimes it breaks when I do not wish it to fracture. The operation of the Iowa gentleman [alluded to above] was certainly a great success." He then said that he should hereafter always adopt Dr. Sayre's suggestion, to make early extension, and that he should enjoin a more frequent use of passive motion, for in this way he believed that we might succeed in preventing ankylosis after the operation.

Prof. Joseph Pancoast, in reply to a question, said that it was Graham, of Chicago, who first used the gimlet in boring in several directions a bone which he wished to fracture. It was then

easily snapped at the right place, and deformity at the knee-joint was successfully overcome and the limb perfectly straightened. The popliteal artery is liable to injury.

Mr. Lister said that in Edinburgh ankylosis in a soft condition of the limb was very rare. Patients are not allowed to get into a position in which ankylosis after operation can occur. In regard to the extensibility of muscles, he said that in his own cases he had found forced and prolonged extension a bad procedure. He quoted one case in which the working pulley and a weight of several pounds were used. He thought all was going on well, when at the end of eight weeks, to his great discomfiture, he found the lame limb much longer than the sound one, and of course, there was no union. This was abundant proof that the muscles can be stretched. The weight used was about twelve pounds.

This discussion was followed by the reading of a paper on Penetrating Wounds of the Abdomen, with suggestions regarding a change of practice in such cases, by Professor Dugas, of Georgia.

A paper was then read by Dr. Keyes, of Cortland Village, New York, On the Propriety of Opening the Sac in Strangulated Hernia. The writer advocated the operation because of the impunity with which the peritoneum can be cut.

Prof. Joseph Pancoast then carefully explained what his procedure was in strangulated hernia, a mode of operation which avoided the necessity of opening the sac.

Dr. Post, of New York, said that he would as soon perform the Cæsarean section in a case of miscarriage as open the sac of a strangulated hernia when unnecessary.

Mr. Lister said that as it was late and other work was on hand, he thought it would be unfruitful to give further time to the discussion of the paper of Dr. Keyes.

In the other Sections less work was done than on previous days. The Section on Biology did nothing. The Section on Medicine listened to and earnestly discussed the papers of Dr. Lebert, Dr. Hunt and Dr. Howard. In the Section on Obstetrics Dr. James P. White's paper on Chronic Inversion of the Uterus attracted

much attention. In the Section on Dermatology and Syphilology Dr. Engelstet read an exceedingly entertaining and instructive paper on Measures to Prevent the Propagation of Venereal Diseases in Denmark.

SATURDAY'S PROCEEDINGS.

The International Medical Congress met again this morning in the University of Pennsylvania, Professor Gross presiding.

Reports were read from the different Sections. On the paper of Dr. E. M. Hunt on Alcohol in its Therapeutic Relations as a Food and a Medicine, the Section on Medicine adopted the following propositions, and referred them to the congress:—

(1.) Alcohol is not shown to be a definite food by any of the usual methods of chemical analysis or physiological investigation.

(2.) Its use as a medicine is chiefly that of a cardiac stimulant, and often admits of substitution.

(3.) As a medicine it is not well fitted for self-prescription by the laity, and the medical profession is not accountable for such administration or for the enormous evils arising therefrom.

(4.) The purity of alcoholic liquors is in general not as well assured as that of articles used for medicine should be. The various mixtures when used as medicine should have definite and known composition, and should not be interchanged promiscuously.

Professor White offered the following resolutions, prefaced with appropriate remarks:—

Resolved, That the officers and trustees of the University of Pennsylvania are hereby tendered our cordial thanks for the very liberal use of their excellent buildings for the meetings of this International Medical Congress.

Resolved, That the officers and trustees of the Jefferson Medical College are hereby tendered the cordial thanks of this congress for the use of their lecture-room for the most interesting lecture of Dr. J. J. Woodward, U. S. A.

Resolved, That the Centennial Medical Commission of Philadelphia and the President and other officers of the International Medical Congress of 1876, are hereby tendered the cordial thanks of this congress for the most excellent manner in which its members have discharged the arduous duties devolved upon them, and by which our pleasure and profit have been so much enhanced.

Resolved, That the cordial thanks of the International Medical Congress are especially due to Drs. Thomson, Wilson, and Strawbridge, and to Messrs. H. C. Lea and J. B. Lippincott, for their generous hospitality.

Dr. Grant, of Ottawa, Canada, arose and stated that at a meeting of the members of the Canadian medical delegates, held yesterday, the following resolutions were adopted unanimously:—

Resolved, That the Canadian members of the International Medical Congress desire to express their sense of the great consideration and urbanity with which they have been treated by the officers and members of the Centennial Medical Commission, and beg, by this resolution, to tender their warm thanks for the same.

Resolved, That the Canadian members of the International Medical Congress most cordially join with the other members of the congress in thanking the members, and citizens of Philadelphia, for the generous hospitality extended to its members throughout the present session.

Southern members expressed in warm language their heartfelt happiness in the consciousness that, no matter what may have occurred between the Northern and Southern sections of the country, the medical profession had ever remained a united, kindly brotherhood.

Dr. Sayre, of New York, offered the following:—

Resolved, That this International Congress request our president, Professor Gross, to sit for his portrait, and that the Committee of Publication be instructed to have the same engraved and printed in the frontispiece to the volume of our Transactions.

Dr. Bowditch presented this resolution:—

That we, a brotherhood of physicians from the North, South, East and West of this country, hereby tender to our associates from other lands our most earnest wishes that they may have safe and happy returns to their homes, and we would suggest the hope that they will carry back many pleasant memories of this fraternal meeting now closing, and which has been most appropriately held in this generous and noble city of Philadelphia.

Professor Charles J. Hare, of England, read the following expression of congratulation from the delegates of Great Britain :—

The delegates from Great Britain to the International Medical Congress at Philadelphia beg to congratulate the president and the several committees on the complete success of the congress, on the high value of the various addresses presented to it, and on the forward impulse which it has given to the progress of medicine in the widest sense of that word. They desire at the same time to express in the strongest and warmest terms their sense of and their thanks for the unmeasured kindness and courtesy and the unbounded hospitality with which they have been received on this Centennial occasion, and to add that they will carry back with them a most grateful recollection of that warm right hand of fellowship which has been so warmly extended to them by their brethren of the United States.

This paper was signed by Charles J. Hare, M. D. (Cantab.), F. R. C. P., late Professor of Clinical Medicine in University College, and Physician to University College Hospital; R. Brudenell Carter, F. R. C. S. Eng., Hunterian Professor of Surgery to the Royal College of Surgeons of England; William Adams, F. R. C. S., President of the Medical Society of London.

Professor Gross arose, and as president said there were no resolutions to act upon in this instance, but the remarks were received with grateful consideration.

The resolutions offered above were seconded by various delegates in appropriate speeches, and adopted unanimously.

Pursuant to order, the hour of eleven having arrived, Nathan S. Davis, M. D., Professor of the Principles and Practice of

Medicine in Chicago Medical College, proceeded to deliver an address on Medical Education and Medical Institutions, at the conclusion of which the congress adjourned *sine die*.

Thus terminated the most successful, earnest, enjoyable, and above all the most scientific medical gathering which ever met in America. If we may judge from the expressions of sincere pleasure, and of agreeable disappointment, too, which have been constantly uttered by the foreign delegates, it is probable that they also shared in the universal satisfaction to which this congress has given rise.—*Boston Med. and Surg. Journal.*

ST. LOUIS MEDICAL SOCIETY.

ST. LOUIS, June 17th, 1876.

The Society was called to order by the President, Dr. Prewitt.

Dr. Prewitt reported a case of tetanus, as follows: A boy seven years old had fallen a week before and now had tetanic spasms with rigidity of the temporal and abdominal muscles, most severe at night. There was no injury except a slight contusion over the ilio-sacral juncture. There was also constipation, and for some days, pain in the right clavicular region. Micturition was difficult. A mercurial purgative was given, followed by eroton oil. Chloral was then prescribed in five-grain, afterward in ten-grain, doses every two hours. For fifteen days the patient has been doing well, and though somewhat restless at night, has had no severe paroxysms.

Dr. Boisliniere mentioned several cases of tetanus. He believed much good was derived from large doses of chloral, an ounce had been given in twenty-four hours with good effect. Trismus nascentium is very fatal. He remembered of but one case in his own practice that had recovered. It is often caused by nurses meddling with the umbilical cord while it is yet sore.

The Doctor also referred to Sims' report of "lock-jaw in children," supposed to be caused by depression of the occipital bone, produced by the child lying on its back and relieved by change of position. He could not endorse the theory of Dr. Sims.

Dr. Wm. Porter reported a case of trismus with tetanic convulsions. The jaws, during the paroxysms, were firmly fixed, deglutition was difficult, and respiration was interfered with, doubtless owing to the spastic contraction of the muscles of the larynx. When respiration was suspended for a few seconds, the muscles relaxed. A contused wound of the finger was probably the exciting cause of the trismus. Large doses of chloral were given, and the patient recovered.

Dr. Prewitt believes tetanus is caused by a poison, generated in the system from a wound or other contusion, and definite in amount and effect.

Dr. Boisliniere spoke of the danger and treatment of hydrophobia. He always quickly applied muriatic acid to the part bitten. The acid was an excellent cauterizing agent, and the chlorine set free antagonized the poison. Dogs with hydrophobia died within five days, and one suspected should be kept that long at least to determine whether it had the disease or not. Mad dogs do not run around much at night, consequently at that time there is not much danger from them.

ST. LOUIS, June 24th, 1876.

No quorum. An informal meeting was held, and Dr. Hurt read the following notes:

Treatment of Chronic Dysentery by the Local Application of Nitric Acid.—As the attention of the profession has been called recently to the advantages of topical treatment in chronic dysentery, the following case is reported:

Wm. R_____, colored, aged twenty-three, single, was admitted at the City Hospital on December 20, 1875, on account of dysentery, from which he had been suffering for more than five months, and had become greatly reduced both in flesh and

strength. As there were some fullness and tenderness in the abdomen, his treatment was commenced with dry cupping and an emulsion of castor oil, turpentine and laudanum, in the hope of relieving pain and congestion, and clearing the bowels of retained seybalia. The emulsion was followed in due time by tonics and astringents, as iron, quinine, tannin, bismuth and opium, variously combined, and in doses increased or lessened according to supposed indications. And as the disease persisted, other remedies, such as acetate of lead, camphor, ipecac, and the sulphates of zinc and copper, variously combined with opium, were tried. His diet consisted of beef tea, milk, soft eggs, rice, potatoes, tapioca, etc. This treatment was persisted in for about four months, and as there was no appreciable improvement, but on the contrary, the patient becoming gradually worse, it became evident that unless something else was done for him, he must eventually succomb.

I now had him conveyed to the amphitheatre on a stretcher, for the purpose of examining the lower bowel through speculum, intending, in case ulcerations were found, to cauterize them after the manner adopted by Dr. Thomas, of New York, in a case reported by him in the New York *Medical Journal*, for January, 1876. But on making the exploration, I failed to detect anything like well defined ulcers, but the entire mucous membrane appeared as if denuded of its epithelium instead, extending as far up as the parts could be seen. For a moment, I hesitated whether to apply the acid or a strong solution of the nitrate of silver, but the latter not being just at hand, and the patient becoming intolerant of the instrument. I applied the acid. After thoroughly cleansing the bowel with pledges of cotton, a sponge probang was moistened, but not saturated, with the acid, and brushed lightly over the denuded surface as the speculum was being withdrawn. The patient was then returned to his bed and ordered to have an opiate, and when I saw him the next morning, he reported that he had rested through the night better than usual, and for two weeks, up to the time of my resignation, April 30th, he continued to improve slowly, but perceptibly.

I saw the patient again this morning, June 24th. He is still at the Hospital, and though still feeble, has continued to im-

prove, and will probably be able to take his discharge in a few weeks.

Thirty-six hours after the application, the blood had almost entirely disappeared from the discharges, and the patient expressed himself as quite free from the pain and tenderness which had distressed him so much before. And although the bowels continue to be loose, it appears to be due to irritation higher up, probably in the small intestines, and is gradually yielding to diet, and supporting treatment. The patient is, himself, very positive in dating the commencement of his recovery to the application of the acid to his bowel.

It was then agreed upon to adjourn until September 9th.

Obituary.

MEETING OF MEMBERS OF THE PROFESSION TO HONOR THE MEMORY OF DR. M. M. PALLEN.

A meeting of the St. Louis Medical Society and the medical professor of the city was held yesterday noon, to pay a tribute of respect to the memory of the late Dr. M. M. Pallen. Dr. Prewitt called the meeting to order, and said it was no ordinary loss the profession sustained by the death of Prof. Pallen. He has been long known as a leading practitioner and a distinguished teacher, and few have been more intimately connected with the history of medicine in the Mississippi Valley than he. He was proud of his profession and honored it. In the many long years during which he had been a member of this Society he was always courteous in debate, and commanded the respect of its members. At the bed-side and in the professor's chair he had the confidence of patients, students and colleagues. Hundreds of

practitioners who have listened to his earnest and impressive teachings will share the regret which we have met this day to express.

Dr. E. L. Smith was called to the chair, and a committee of five appointed to draft appropriate resolutions.

During the absence of the committee, Dr. Boisliniere said Dr. Pallen was a man of the old school, and added honor to science. He was an impressive and thorough teacher, well read, naturally eloquent, and kind in practice. Dr. Boisliniere knew him to be devoted to his patients and charitable, and from the attendance to-day, it was seen that the profession valued him. Dr. Gregory said Dr. Pallen took a great interest in all that was new and advanced, and what he studied he illuminated. Distinguished members of the profession had borne testimony to his eloquence and ability. He was a representative man.

Dr. McPheeeters paid tribute to "one of the best men of the profession." He never shrank from duty; was, when in health, always at his post, and it was but right for his friends to turn aside to place a garland on his grave.

Dr. Hodgen arose to bear witness to the singular truth and honesty of Dr. Pallen. In consultation or in debate he always said what he truly believed, and never argued a point merely to achieve victory.

Dr. Smith regretted the loss of Dr. Pallen, who had been his preceptor and warmest friend. He knew of no higher model for the student than Dr. Pallen, who was concise, direct, careful and intelligent, a safe practitioner and a true friend.

Dr. Newman had known Dr. Pallen for twenty years. A man of worth, unostentatious and in an eminent degree a man of practical common sense.

Dr. Edgar spoke of the estimation in which the articles written by Dr. Pallen were held by the profession.

The following resolutions were then adopted:

1. *Resolved*, That we deeply deplore the sad event which has called us together, the death of Prof. M. M. Pallen, who for more than a third of a century has occupied a prominent position

in the medical profession, not only as a practitioner, but as a teacher and writer.

2. *Resolved*, That in his death the profession has lost one of its most zealous and illustrious members, and the community in which he has so long lived one of its most honored and useful citizens.

3. *Resolved*, That we tender to his bereaved widow and family our sincere sympathy in their sad affliction.

4. *Resolved*, That a copy of these resolutions be sent to the family of the deceased, and also published in the ST. LOUIS MEDICAL AND SURGICAL JOURNAL and papers of the city.

W. M. MCPHEETERS,
E. MONTGOMERY,
WALTER COLES,
P. G. ROBINSON,
J. S. B. ALLEYNE,
Committee.

It was further moved that the members present attend the funeral of Dr. Pallen, at St. John's Church, corner of Twenty-Ninth and Locust streets.—*Globe-Democrat.*

Books and Pamphlets Received.

THE TREATMENT ON ANTEFLEXIONS OF THE UTERUS. By Ely Van De Warker, M. D. Syracuse, N. Y.

A CONTRIBUTION TO THE TREATMENT OF UTERINE VERSIONS AND FLEXIONS. By Ephriam Cutter, A. M. M. D. Second edition, entirely re-written. 12mo., pp. 216. Boston: James Campbell, Publishers. 1876.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA. Third Series. Vol. II. Philadelphia, large 8vo., pp. 186. Printed and for sale by Lindsay & Blakiston.

Meteorological Observations.

By A. WISLIZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in the night, the maximum at 3 p. m. The monthly mean of the daily minima and maxima added and divided by 2, gives a quite reliable mean of the monthly temperature.

THERMOMETER FAHRENHEIT—SEPTEMBER, 1876.

| Day of Month. | Minimum. | Maximum. | Day of Month. | Minimum. | Maximum. |
|---------------|----------|----------|---------------|----------|----------|
| 1 | 71.5 | 79.0 | 18 | 56.0 | 78.5 |
| 2 | 59.5 | 73.0 | 19 | 58.5 | 80.5 |
| 3 | 59.0 | 80.0 | 20 | 61.5 | 69.0 |
| 4 | 68.0 | 85.0 | 21 | 65.0 | 73.5 |
| 5 | 68.0 | 84.0 | 22 | 64.0 | 75.0 |
| 6 | 69.0 | 82.0 | 23 | 63.0 | 79.5 |
| 7 | 73.0 | 90.0 | 24 | 65.0 | 83.0 |
| 8 | 72.5 | 91.0 | 25 | 63.0 | 78.5 |
| 9 | 75.0 | 92.5 | 26 | 55.0 | 70.5 |
| 10 | 63.0 | 71.0 | 27 | 49.0 | 67.5 |
| 11 | 61.5 | 67.5 | 28 | 54.0 | 71.0 |
| 12 | 60.0 | 71.5 | 29 | 45.0 | 57.5 |
| 13 | 62.0 | 72.0 | 30 | 44.5 | 53.0 |
| 14 | 55.0 | 66.0 | 31 | | |
| 15 | 54.0 | 72.0 | | | |
| 16 | 53.0 | 73.5 | Means | 60.7 | 75.4 |
| 17 | 53.5 | 74.0 | Monthly Mean | 68.0 | |

Quantity of rain: 7.21 inches.

Mortality Report.—City of St. Louis.

FROM SEPTEMBER 2, 1876, TO SEPTEMBER 30, 1876, INCLUSIVE.

| | | | | | |
|------------------------|---------------------------|-------------------------|------------------------|---|----------------------|
| Cholera Infantum...30 | Inanition | 7 | Aneurism..... | 1 | Hemorrhage, P. par 1 |
| " Morbus... 2 | Cancer of Uterus... 6 | Dropsy (abdominal) 3 | Puerp. Mania..... 2 | | |
| Diarrhoea.....15 | " of Perors. 1 | Hypertrophy of heart 1 | Debility (Senile). 10 | | |
| Dysentery16 | " Stomach... 2 | Carditis..... 1 | Scalded..... 1 | | |
| Enterico-Colitis... 3 | Marsasmus..... 28 | Valv. Dis. of Heart. 8 | Burned by coal oil.. 1 | | |
| Erysipelas..... 1 | Rheumatism..... 4 | Asthma..... 2 | Fracture of skull.. 1 | | |
| Croup..... 1 | Gangrene..... 1 | Bronchitis..... 5 | Coneus of Brain... 1 | | |
| Diphtheria.....17 | Hydrocephalus... 2 | Pneumonia..... 15 | Poisoned by Lye... 1 | | |
| Fever, Cerebro Sp! 1 | Pitthitis Pulmonalis...46 | Atony of Bowels... 1 | Shock, from fall... 1 | | |
| " Typhoid ...19 | Tub. Laryngitis... 5 | Abscess of Liver... 2 | Wound, lacerated.. 1 | | |
| " Billious'... 5 | " Peritonitis... 1 | Cirrhosis of Liver... 6 | Gunshot 1 | | |
| " Congestive...14 | Atrophy—spinal ... 1 | Hepatitis..... 6 | Drowned..... 3 | | |
| " Intermittent 11 | Apoplexy—serous... 4 | Intususception... 4 | Injury, Head..... 1 | | |
| " Scarlet..... 6 | cerebral. 1 | Metritis..... 1 | Fall..... 2 | | |
| " Re-mittent...12 | Congestion of Brain...23 | Albuminuria..... 3 | Killed by horse.... 1 | | |
| " Typho-Mal. 11 | Convulsions Inf!le 46 | Nephritis..... 4 | Bite of Insect.... 1 | | |
| " Malignant ... 2 | Inflamm. of Brain... 5 | Uræmia..... 2 | R. R. Accident.... 1 | | |
| Pyæmia..... 1 | Meningitis... 19 | Urgæmia..... 2 | | | |
| Sépticæmia..... 1 | Paralysis..... 1 | Metro-Peritonitis— | | | |
| Whooping Cough...15 | Hemiplegia..... 1 | not Puerperal... 2 | Total Deaths... 546 | | |
| Congestive Chills... 8 | not Puerperal... 2 | Acuteletasis Pulm.. 1 | | | |
| General Debility... 8 | Tetanus, Idiopathic 3 | Congenital Debility 1 | Still Births..... 33 | | |
| Intemperance..... 2 | Nascentium 15 | Dentition..... 3 | Premature Birth... 10 | | |

JAS. O'GALLAGHER, M. D., Clerk Board of Health.

COMPRESSED PILLS.

Manufactured by JOHN WYETH & BRO., Chemists,
No. 1412 WALNUT STREET, PHILADELPHIA.

These "Compressed Pills," made by dry compression, are free from the coatings that render many other pills objectionable. They are readily soluble or diffusible, and being flat in shape, are more easily swallowed than those in any other form. Owing to the absence of the excipients ordinarily employed in making pills, they are smaller than those made by any other process. They are smooth, glossy, and elegant in appearance, and are made only of the purest materials. Leading physicians have found these Compressed Pills to be reliable and quick in their action. The Pills can be sent by mail to druggists and physicians at an expense of 16c. per pound, or 1c. per ounce, for postage.

| | Grains. | | Grains. |
|---|---------|--|---------|
| ACID ARCENICI..... | 1-20 | ACID, TAXNIC..... | 1-50 |
| ALOES (U. S. P.) { Pulv. Aloes Soc.... | 2 | { Pulv. Saponis.... | 2 |
| { Pulv. Aloes Soc.... | 1 1/2 | Pulv. Zingib. Jami.... | 1 |
| ALOES et FERRI { Fer. Sulph. Exsic.... | 1 | Ext. Conii.... | 1/2 |
| ALOES et MYRRH, (U. S. P.) { Pulv. Aloes Soc.... | 2 | Croci Stigmata.... | 1 |
| AMMONIA BROMID..... | 5 | AMMONIA MURIAT..... | 10 |
| ANTI-BILIOUS (Vegetable) { Podophyllin.... | 2 1/2 | ANTI-DYSPEPTIC { Pulv. Ipecac.... | 1-10 |
| ANTIDIARRHOEIC { Ext. Colic Co.... | 2 1/2 | Mass Hydragr.... | 2 |
| APERIENT. { Ext. Colic Co.... | 2 1/3 | Ext. Nucis Vom.... | 1 1/2 |
| BISMUTH SUB-NIT..... | 5 | PULV. Rhei..... | 1/2 |
| BISM. SUB-NIT. { Bismuth Sub-Nit.... | 2 1/2 | PEPSIN..... | 2 1/2 |
| { PEPSIN. { Pepsin.... | 2 1/2 | CALOMEL..... | 1 1/4 |
| CATHART. COMP. (U. S. P.) | 1 | CATHART. IMPROVED. { Ext. Colic Simp.... | 1 1/2 |
| CATHARTIC (Vegetable). { Pulv. Res. Scan.... | 1 1/4 | Podophyllin.... | 1 1/4 |
| { Pulv. Aloes Soc.... | 1 1/4 | Pulv. Cardamomi.... | 1 9/10 |
| { Pulv. Saponis.... | 1 1/3 | CERII OXALAT. { Aloes.... | 1 |
| COOK'S. { Calomel.... | 1 1/2 | Rhei.... | 1 |
| { Sapo.... | 1 1/2 | COLYCINTH. COMP. (U. S. P.) | 1 |
| DOVER'S POWDER, { Ipecac and Opii.... | 2 3 | FERRI LACTAT..... | 5 |
| FERRI MET. (Quenvenne's)..... | 1 | FERRI PYROPHOSPH..... | 1 |
| FERRI CARB. PROTO..... | 3 | FERRI et QUINLE CITRAT..... | 2 3 |
| FERRI CARB. (Ferri Carb. Vallet) { QUINLE et - | 2 | FERRI et QUINLE SULPH. { Quinle Sulph.... | 1-60 |
| STRYCHNL. (Strychnie)..... | 1-60 | STRYCHNL. (Quinle Sulph.... | 1-60 |
| FERRI LACTAT..... | 1 | FERRI et QUINLE BI SULPH. { Quinle Sulph.... | 1 1/2 |
| FERRI PYROPHOSPH..... | 1 | BI SULPH. { Bismuth Sub-Nit.... | 5 |
| FERRI et QUINLE CITRAT..... | 2 3 | et PEPSIN. { Pepsin Porci.... | 2 |
| FERRI et QUINLE SULPH. { Quinle Sulph.... | 1 1/2 | FERRI et QUINLE SULPH. { Quinle Sulph.... | 1 1/2 |
| et BISMUTH. { Bismuth Sub-Nit.... | 5 | et HYDRARG. { Mass Hydragr.... | 2 |
| et PEPSIN. { Pepsin Porci.... | 2 | POTASS. BI-CARB. | 8 |
| FERRI et QUINLE SULPH. { Quinle Sulph.... | 1 1/2 | POTASS. BROMID..... | 5 |
| et BISMUTH el { Bismuth Sub-Nit.... | 5 | QUINLE BI SULPH. { Quinle Sulph.... | 1 1/2 |
| et PEPSIN. { Pepsin Porci.... | 2 | QUINLE SULPHAT. { Quinle Sulph.... | 3 4 5 |
| FERRI et QUINLE SULPH. { Quinle Sulph.... | 1 1/2 | QUINLE et { Ferri Sulph.... | 1 |
| et BISMUTH el { Bismuth Sub-Nit.... | 5 | STRYCHNL. (Strychnie)..... | 1-60 |
| et PEPSIN. { Pepsin Porci.... | 2 | RHEI (U. S. P.) { Pulv. Rhei.... | 3 |
| FERRI et QUINLE SULPH. { Quinle Sulph.... | 1 1/2 | RHEI et { Pulv. Saponis.... | 1 |
| et BISMUTH el { Bismuth Sub-Nit.... | 5 | RHEI et { Pulv. Rhei.... | 2 |
| et PEPSIN. { Pepsin Porci.... | 2 | RHEI COMP. { Pulv. Aloes Soc.... | 1 1/2 |
| STRYCHNL. (Strychnie)..... | 1-60 | (U. S. P.) { Pulv. Myrrh.... | 1 |
| HOOPERS. | | OL. Menth. Pip. | 1 |
| HYDRARG. (U. S. P.)..... | 1 2 3 | SANTONIN. | 1 |
| IODOFORM..... | 5 | SODA AMMON. { Sodii Bi-Carb.... | 8 |
| IODOFORM et { Iodoform.... | 1 | Ammon. Carb. | 1 1/2 |
| FERRI. { Ferri Carb. (Vallet) { Pulv. Aloes Soc.... | 2 | OL. Menth. Pip. gtt. | 1/2 |
| LADY WEBSTER'S (3 grs.) { Gum. Mastich. { Flor. Rose. | 2 | STRYCHNL. (Strychnie)..... | 1-100 |
| LEPTANDRIN. { Leptandrin. 1/2 ad 1 | | Phosphor. | 1-100 |
| { (c. Sacch. Lactis 2 grs.) | | COMP. { Ext. Cannab. Ind. | 1-16 |
| | | Ferri Carb. (Vallet) { Aloes.... | 1 |
| | | TRIPLEX. { Pil. Hydragr.... | 1 |
| | | Podophyllin. | 1 1/4 |

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BELLEVUE HOSPITAL MEDICAL COLLEGE, CITY OF NEW YORK.

SESSIONS OF 1876-'77.

The Collegiate Year in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

The Preliminary Autumnal Term for 1876-1877 will open on Wednesday, September 13, 1876, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

The Regular Session will commence on Wednesday, September 27, 1876, and end about the 1st of March, 1877.

FACULTY.

ISAAC E. TAYLOR, M. D.,

Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D., FORDYCE BARKER, M. D.,

Emeritus Prof. of Surgery. Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,

Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,

Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

LEWIS A. SAYRE, M. D.,

Professor of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.

ALEXANDER B. MOTTE, M. D.,

Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M. D.,

Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

EDMUND R. PEASLEE, M. D., LL. D.,

Professor of Gynecology.

WILLIAM M. POLK, M. D.,

Professor of Materia Medica and Therapeutics, and Clinical Medicine.

AUSTIN FLINT, JR., M. D.,

Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

ALPHUS B. CROSBY, M. D.,

Professor of General, Descriptive and Surgical Anatomy.

R. OGDEN DOREMUS, M. D., LL. D.,

Professor of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D.,

Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, Etc.

HENRY D. NOYES, M. D.,

Professor of Ophthalmology and Optometry.

JOHN P. GRAY, M. D., LL. D.,

Professor of Psychological Medicine and Medical Jurisprudence.

EDWARD L. KEYES, M. D.,

Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

EDWARD G. JANEWAY, M. D.,

Professor of Practical Anatomy. (Demonstrator of Anatomy)

LEROY MILTON YALE, M. D.,

Lecturer Adjunct upon Orthopedic Surgery.

A. A. SMITH, M. D.,

Lecturer Adjunct upon Clinical Medicine.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

FEES FOR THE REGULAR SESSION.

| | |
|--|----------|
| Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures, | \$140 00 |
| Matriculation Fee..... | 5 00 |
| Demonstrator's Ticket (including material for dissection), | 10 00 |
| Graduation Fee..... | 30 00 |

FEES FOR THE SPRING SESSION.

| | |
|---|---------|
| Matriculation (Ticket good for the following Winter)..... | \$ 5 00 |
| Recitations, Clinics, and Lectures, | 35 00 |
| Dissection (Ticket good for the following Winter)..... | 10 00 |

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy and Chemistry, and if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. AUSTIN FLINT, Jr., Secretary, Bellevue Hospital Medical College.

MIAMI MEDICAL COLLEGE, OF CINCINNATI.

The next session will begin October 3, 1876, with Preliminary Course from September 13. The College is well supplied with means for demonstrative teaching, having large museums, a student's laboratory, microscopes, etc. The clinical advantages are superior—two large dispensaries being under the exclusive care of the Faculty, and daily lectures in the largest hospital of the West.

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JOHN A. MURPHY, M. D., Dean, 163 W. Seventh St., or
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For circular giving further information, address

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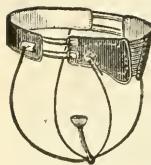
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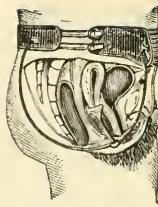
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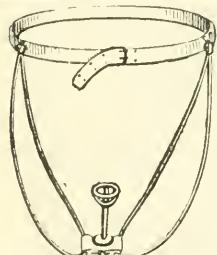
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Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Prof. of Chemistry, University of Michigan, Ann Arbor:

Trommer Extract of Malt Co.: - I enclose hereewith my analysis of your Extract of Malt:

Malt Sugar (Glucose), 4.61; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712, Alkalies, 0.377; Water, 25.7; Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly, STLAS H. DOUGLAS,
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This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

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A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of malt, than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or in water, wine, or any kind of spirituous liquor. Each bottle contains ONE AND ONE HALF POUNDS of the Extract. Price \$1.00.

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After years of experimenting, the Medical Profession of Europe and America, who have studied the effects of different Cod-Liver Oils, have unanimously decided the light straw-colored Cod-Liver Oil to be far superior to any of the brown Oils.

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Elixir Valerianate of Ammonia and Quinine. Each teaspoonful contains two grains Valerianate Ammonia and one grain of Quinine.

Ferro-Phosphorated Wine of Wild Cherry Bark. Each fluid-drachm contains twenty-five grains of the Bark, and two grains of Ferri-Pyrophosphate.

Wine of Pepsin. This article is prepared by us from fresh Rennets and pure Sherry Wine.

Elixir Taraxacum Comp. Each dessert-spoonful contains fifteen grains of Taraxacum.

Elixir Pepsin, Bismuth, and Strychnine. Each fluid-drachm contains one sixty-fourth of a grain of Strychnine.

Juniper Tar Soap. Highly recommended by the celebrated Erasmus Wilson, and has been found very serviceable in chronic eczema and diseases of the skin generally. It is invaluable for chapped hands and roughness of the skin caused by change of temperature. It is manufactured by ourselves, from the purest materials, and is extensively and successfully prescribed by the most eminent physicians.

Indo-Ferrated Cod-Liver Oil. This combination holds sixteen grains Iodide of Iron to the ounce of our pure Cod-Liver Oil.

Cod-Liver Oil, with Iodine, Phosphorus, and Bromine. This combination represents Phosphorus, Bromine, Iodine, and Cod-Liver Oil, in a state of permanent combination, containing in each pint: Iodine, eight grains; Bromine, one grain; Phosphorus, one grain; Cod-Liver Oil, one pint.

Cod-Liver Oil, with Phosphate of Lime. This is an agreeable emulsion, holding three grains Phosphate of Lime in each tablespoonful.

Cod-Liver Oil, with Laeto-Phosphate of Lime.

CASWELL, HAZARD & CO.,

Druggists and Chemists, New York.

TO THE MEDICAL PROFESSION.

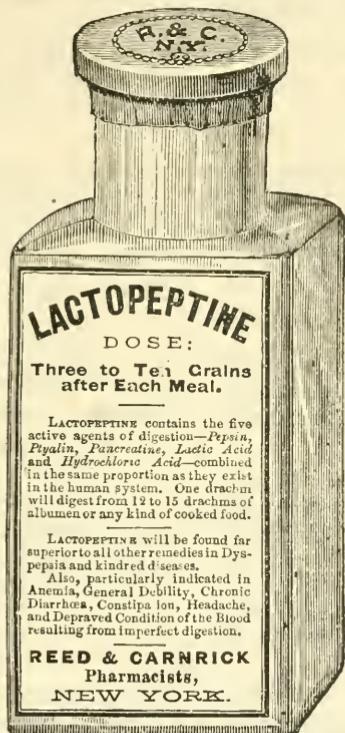
A NEW AND IMPORTANT REMEDY.

LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon plastic food.

This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhoea, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from Imperfect nutrition. One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.

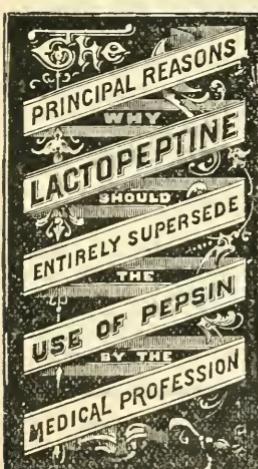


LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.

FORMULA OF LACTOPEPTINE.

| | | | | | | | | |
|----------------|---|---|---|------------|--------|----------------------|--------|-----------------|
| Sugar of Milk, | . | . | . | 20 Ounces. | 1 Egg. | Pylatin or Diastase, | . | 1 Drachm. |
| Pepsin, | . | . | . | 4 " | | Lactic Acid, | . | 2½ fl. Drachms. |
| Pancreatine, | . | . | . | 3 " | | Hydrochloric Acid, | 2½ fl. | " |
| | | | | | | Powder and Mix. | | |

- 1st.—It will digest from three to four times more coagulated albumen than any preparation of Pepsin in the market.
- 2d.—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the starchy portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (Lactic and Hydrochloric), without which Pepsin and Pancreatine will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—IT IS MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.



All the statements made in this Circular are the result of repeated and careful experiments.

The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

—oo—
The undersigned, having tested REED & CARNICK's preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formulæ, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, April 6th, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopedic Surgery and Clinical Surgery, Belevue Hospital Medical College.

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Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics and Clinical Medicine.

SAMUEL R. PERCY, M. D.,

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J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

OSEPH E. WINTERS, M. D.,

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GEO. F. BATES, M. D.,

House Surgeon Belevue Hospital.

—oo—
INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of LACTOPEPTINE, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON, M. D.

—oo—
BRANDON, VT., March 31st, 1875.

I desire to say that I have used LACTOPEPTINE for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,
Late Professor of Obstetrics and Diseases of Women and Children
Vermont Med. College.

—oo—
EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of LACTOPEPTINE and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of LACTOPEPTINE in my own case. This was, in brief, an inherited, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

A large proportion of diseases are the result of imperfect digestion.

In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with Lactopeptine.

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhoea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—oo—

NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—oo—

WEST NEWFIELD, ME., June 14th, 1875.

LACTOPEPTINE seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—oo—

WOLCOTT, WAYNE Co., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicinie I have met with in a practice of over 45 years.

JAMES M. WILSON, M. D.

—oo—

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—oo—

EDDYVILLE, WAPELLO Co., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—oo—

CORTLAND, DE KALB Co., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.

One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.

CHILlicothe, Mo., September 4th, 1874.

I have used *LACTOPEPTINE* this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—oo—

FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your *LACTOPEPTINE*, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

—oo—

WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your *LACTOPEPTINE*, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the *LACTOPEPTINE*, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

SMOKE, M. D.

—oo—

INDIANOLA, IOWA, December 11th, 1874,

I consider the *LACTOPEPTINE* a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the *LACTOPEPTINE* she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting sterocorous matter; had retained no nutrition for several days. I gave the *LACTOPEPTINE* with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the *LACTOPEPTINE* was his *sheets anchor*. I am now using the *LACTOPEPTINE* in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—oo—

CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe *LACTOPEPTINE* to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, *LACTOPEPTINE* invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used *LACTOPEPTINE* in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

—oo—

MO. VALLEY, IOWA, November 12th, 1874

Some months since I saw in a medical journal a notice of your *LACTOPEPTINE*. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

One drachm of Lactopeptine will transform four ounces of Starch into Glucose.

Pancreatin and Diastase are more important digestive agents than Pepsin.

COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing *LACTOPEPTINE* as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. *LACTOPEPTINE* is composed of pepsin, ptyalin, pancreatin, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatin emulsifying fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—oo—
AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE,
S. C., IN THE ATLANTA MEDICAL AND SURGICAL JOURNAL, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples *LACTOPEPTINE*" was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract Lupulin, or the drop doses of carbolic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills, Elixir, Syrup, Wine and Troches.

LACTOPEPTINE is also combined with the following preparations :

EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children

—oo—

EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

—oo—

ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

REED & CARNICK manufacture a full line of Fluid Extracts.

Private Formulas of Pills or other preparations made to order.

Strychnia Compound Pill.

| | | |
|----------------------|-------|--------------|
| Strychnia, | - - - | 1-100 grain. |
| Phosphorus, | - - - | 1-100 " |
| Ex. Cannabis Indica, | - | 1-16 " |
| Ginseng, | - - - | 1 " |
| Carb. Iron, | - - - | 1 " |

Dose—One to two.

A reliable and efficient Pill in Anaphrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve Power. Price, 80 cents per hundred. Sent by mail, prepaid, on receipt of price.

Hæma, Quinia and Iron Pill.

| | | |
|--------------------|---------|-----------|
| Ext. Blood, | - - - - | 2 grains. |
| Quinine Sulph., | - - - | 1 grain. |
| Sesqui Oxide Iron, | - - - | 1 " |

Dose—One to three.

Price, \$2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

—oo—
HÆMA PILLS.

We beg to present to the Medical Profession for their special consideration our several preparations of Blood Pills. The use of Blood medicinally, and the importance of its administration in a large class of diseases, has arrested the attention of many of the leading Physicians of Europe, and has received their warmest attestation. Prominent among these may be mentioned Prof. Panum, of the University of Copenhagen, who is using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, there can be seen numerous persons afflicted with Pulmonary Affections, Chlorosis, Paralysis, Anemia, and other ailments, who are daily drinking the blood of the ox, and many with more benefit than they have derived from any other source.

The blood used by us being *Arterialized Male Bovine only*, is secured as it flows from the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated at a temperature not exceeding 100° F., the remaining mass, containing every constituent of the blood, being the base of our preparations.

HÆMA (Ext. Blood), 4 grs.

Dose.—Two to four

90 cts. per hundred.

HÆMA COMP.

Ext. Blood, 2 grs.

Lacto-Phosphate Lime, 1 gr.

Pepsin, 2 gr.

Dose.—One to three.

\$1.50 per hundred.

HÆMA, QUINIA, IRON AND STRYCHNIA.

Ext. Blood, 2 grs.

Quinine Sulph., 1 gr.

Sesqui Oxide Iron, 1 gr.

Strychnine, 1-75 gr.

Dose.—One to three.

\$2.00 per hundred.

Samples sent to Physicians, postage prepaid, on receipt of price.

—oo—

LACTOPEPTINE and most of our leading preparations can be obtained from the principal Druggists of the United States.

—oo—

SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT BY MAIL.

—oo—

Price of LACTOPEPTINE by Mail.

One ounce sent by mail, prepaid, on receipt of \$1 00

One pound " " " " " 13 00

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

—oo—

We guarantee all goods of our manufacture.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

OCT. 15TH, 1875.

Respectfully,

REED & CARNICK, Manufacturing Pharmacists,

198 FULTON STREET, NEW YORK.

E. FOUGERA & CO.'S Medicated Globules.

The form of Globules is by far the most convenient as well as the most elegant form for administering liquid preparations or powders of unpleasant taste or odor. The following varieties are now offered :

Globules of Ether; Chloroform; Oil of Turpentine; Apiol;
Phosphorated Oil, containing 1-60th grain of Phosphorus;
Phosphorated Oil, containing 1-30th grain of Phosphorus;
Tar; Venice Turpentine; Copaiba; Copaiba & Tar;
Oleo-Resin of Cubebs; Balsam of Peru;
Oil of Eucalyptus; Cod Liver Oil; Rhubarb;
Bi-carb. of Soda, Sulph. Quinia, &c.

The superiority of these Globules over other forms consists in the ease with which they are taken, and in their ready solubility and hence promptness of action.

They are put up in bottles of 100 each.

For descriptive circulars and samples address,

E. FOUGERA & CO.,
30 North William Street, New York.



BOUDAULT'S PEPSINE,

And Wine, Elixir, Syrup, Pills and Lozenges of Pepsine.

Since 1854, when Pepsine was first introduced by Messrs. CORVISART and BOUDAULT, Boudault's Pepsino has been the only preparation which has at all times given satisfactory results.

The medals obtained by Boudault's Pepsine at the different exhibitions of 1867, 1868, 1872, and recently at the Vienna Exhibition of 1873, are unquestionable proofs of its excellence.

In order to give physicians an opportunity to judge for themselves, all Boudault's Pepsine will hereafter be accompanied by a circular giving plain directions for testing it. These tests will enable any one to satisfy himself of the superiority of Boudault's Pepsine, which is really the *cheapest*, since its use will not subject physicians and patients alike to disappointment.

CAUTION.—In order to guard against imitations each bottle will hereafter be sealed by a red metallic capsule, bearing the stamp of our trade mark, and secured by a band having a fac-simile of the medals, and the signature of Mottot, the manufacturer.

Is sold in 1 oz., 8 oz., 16 oz., Bottles.

E. FOUGERA & CO., New York,

GENERAL AGENTS FOR THE U. S.

“LA PLATA”

Extract of Meat.

Prepared by
A. BENITES & CO.,
Buenos Ayres, S. A.



None genuine without this
TRADE MARK,
“Bullock Reclining.”

This is a pure extract of beef, free from fat and gelatine. Each pound contains the soluble nutritive constituents of 34 to 36 pounds of the finest beef, exclusive of bones or fat, corresponding to about 45 pounds of good butcher's meat. *It will keep unaltered for years in any climate.*

CAUTION.—Persons wishing to use a pure extract of beef, will do well to specify the “LA PLATA,” with above trade-mark, and accept no other.

DELACRE'S LA “PLATA”

Extract of Meat Chocolate,

Containing in one preparation, and under a most agreeable form, a large proportion of tonic and nutritive principles.

It is a pure chocolate, containing the purest extract of beef, and is a most useful tonic and nutritive agent for invalids and convalescents, and for persons of feeble or delicate constitutions.

It contains 3 per cent. of La Plata Extract of Meat, and every square represents the nutritive constituents of $1\frac{1}{4}$ ounce of fresh beef.

It is used as ordinary chocolate, and is sold in packages, with full directions.

HEMATOSINE,

This new preparation, recently introduced in Europe, may be truly called a

PHYSIOLOGICAL REMEDY.

HEMATOSINE constitutes the basis of the red globules of the blood, and is the organic substance now known, which is richest in assimilable iron.

In **HEMATOSINE** Iron is presented in the normal state in which it exists in the blood, and hence it is superior to other ferruginous preparations, for it enters into the circulation without undergoing any change. It is therefore received without fatigue by the most delicate and the most sensitive constitutions, which will not bear the ordinary chalybeates.

Hematosine is offered in the form of pills, and is applicable to all cases in which the use of iron is indicated.

It will be found a most efficacious remedy for **Anæmia, Chlorosis, Leucorrhœa, Amenorrhœa, Dysmenorrhœa, General Debility, Slow Convalescence, &c.**

E. FOUGERA & CO., Importing Pharmacists,

General Agents for the United States,

No. 30 NORTH WILLIAM STREET, NEW YORK.

Grimault & Co.'s Pharmaceutical Products

Grimault's Guarana,

Prepared from the Paulinia Sorbilis of Brazil. It is a sovereign remedy in Headache, Neuralgia and Diarrhea.

Iodised Syrup of Horse-Radish.

A pleasant substitute for Cod Liver Oil, prepared from juices of anti-scorbutic plants. Each tablespoonful contains one grain of Iodine, so intimately combined as to be insensible to the action of starch.

Dr. Leras' Phosphate of Iron,

In solution, Syrup or Sugar Coated Pills.

A pleasant combination of Pyrophosphate of Iron and Soda, colorless and tasteless. It is readily assimilated and used with great success in Chlorosis, Anemia, Dysmenorrhœa, etc., replacing all other ferruginous preparations. It never causes constipation.

Syrup of Hypophosphite of Lime,

Dr. Churchill's Prescription.

Prescribed by the most distinguished physicians for *affections of the lungs, Phthisis, etc.* Each tablespoonful contains two grains of the pure hypophosphite.

Also Syrup of Hypophosphite of Soda, of Iron and of Manganese.

Digestive Lozenges and Powders of the Alkaline Lactates.

(SODA AND MAGNESIA.)

Of BURIN Du BUISSON.

The researches of DR. PETREQUIN, Prof. at the School of Medicine of Lyons, aided by Mr. BURIN DU BUISSON, the eminent chemist, have established beyond a doubt the *special adaptation of the Alkaline Lactates* to the treatment of functional diseases of the digestive organs. These preparations will be found very beneficial in *imperfect and laborious digestion, heartburn, gastralgia, loss of appetite, nausea, distention of bowels and stomach.* They are more certain and less irritating than calcined Magnesia or preparations having *Charcoal, Bismuth, or bicarb of Soda* for their basis.

Digestive Lozenges and Powders of the Alkaline Lactates with Pepsine.

These are prescribed in certain cases when the digestive powers are deranged, weakened, or null.

Dusart's Lacto-Phosphate of Lime.

(SYRUP AND WINE.)

DUSART'S PREPARATIONS OF LACTO-PHOSPHATE OF LIME present to the physician the phosphate of lime in the combination in which it exists in the stomach, after it has been acted upon by the gastric fluid. It is, therefore, ready for assimilation, and hence, the Lacto-Phosphate should be preferred to the ordinary bone phosphate, which frequently is insoluble, or nearly so.

DUSART's Work on the "PHYSIOLOGICAL AND THERAPEUTIC ACTION OF PHOSPHATE OF LIME" will be sent free on application to the Agents.

E. FOUGERA & CO., New York, Agents for the U.S.

SAVORY & MOORE, 143 New Bond Street, London, beg to call
the attention of the Profession generally to
some of the later preparations brought out in England, the purity and
uniform strength of which can be guaranteed.

SAVORY & MOORE'S

Genuine Pancreatic Emulsion and Pancreatine.

In diseases where Wasting, loss of power of Digestion and Assimilation are prominent symptoms, the Pancreatic Emulsion and Pancreatine are the most potent Remedial Agents. When Cod Liver Oil fails to increase weight, or cannot be tolerated by the stomach, the Pancreatic Preparations are the only remedies which can supply its place, and give the power of digesting the oil.

PANCREATISED COD LIVER OIL.

A reliable combination of Pancreatine with the Oil, rendering its digestion easy and rapid.

PANCREATINE WINE.

For the digestion of Cod Liver Oil, solid Fat, and Food generally. The Wine and Cod Liver Oil readily form an Emulsion when shaken together in equal proportions.

PHOSPHORISED COD LIVER OIL.—With Quinine.

PHOSPHORUS PILLS—PURE.

Of all sizes and strengths, non-resinous and perfectly soluble. Most of the uncertainty of operation experienced in the internal administration of Phosphorus may be traced to the use of Oxydised or Allotropic Phosphorus, preparations which are less active and more uncertain.

PEPTODYN, the New Digestive.

Digests all kinds of Food—the Farinaceous, Fibrinous and Oleaginous: being a combination of the several active principles of the digestive secretions, Peptic, Pancreatic, &c.

Five grains of Peptodyn (Powder) digests 100 grains of Coagulated Albumen, 100 grains of Fat, 100 grains of Starch.

BEST FOOD FOR INFANTS,

As supplied to the Royal Families of England and Russia.

Feeding infants on the best, i. e. the most *nourishing* and *easily digested* Food, has recently occupied much of the attention of the profession, and the fallacy and danger of *employing Starch in the form of Corn Flour* and other *high sounding titles* has been repeatedly pointed out.

This food resembles Mother's Milk more closely than any other kind, perfectly fulfilling its object—that of promoting the GROWTH and HEALTH of the Child.

DATURA TATULA, for Asthma.

and Chronic Bronchitis. Recommended by the Profession as a remedy of great power and usefulness in cases of short and difficult breathing, spasmodic coughing, &c. Grown by SAVORY & MOORE, and prepared in all forms for smoking and inhalation.

SAVORY & MOORE'S NEW DISCS.

For Hypodermic Administration.

The following are now ready for issue in small wallets, separately, or in leather cases containing six or more wallets of various discs, with small spoon, &c., complete:

Apomorphia, 1-10th of a grain.

Elaterium, 1-12th of a grain.

Atropia Sulph., 1-120th of a grain.

Ergotine, 1-3rd of a grain.

Codelia, 1-4th of a grain.

Morphia, 1-6th of a grain.

Caffeine, one-half of a grain.

Phystigmine (or Eserine), equal to

Quinine, one half of a grain.

1-6th of a grain of the extract of

Strychnia, 1-60th of a grain.

Calabar Bean.

Prepared only (and Patented in Great Britain and the Colonies, the principal countries in Europe, and the United States of America,) by

SAVORY & MOORE, 143 New Bond Street, London.

For Sale by the leading Druggists in America.

CINCHO-QUININE.

Cincho-Quinine holds ALL the important constituents of Peruvian Bark in their alkaloidal condition. It contains no sulphate of cinchonine or sulphate of quinine, but cinchonine, quinine, quinidine, etc., without acid combinations. It is now nearly four years since it was placed in the hands of physicians for trial, and the verdict in its favor is decisive.

At the present price of sulphate of quinine, it is sold at about one-half the price of that agent, and with the testimony offered that it has equal tonic and anti-periodic effects, and that it is less objectionable, there seems to be no good reason why it should not be universally employed by the profession.

The cut below gives the size of the ounce phial, and the form of putting up.

Dr. J. A. PERKINS, of Chestertown, Md., under date of Feb. 10, 1872, writes us as follows: "I have used your preparation of Cincho-Quinine during the past summer in a malarious district. I find it entirely reliable as a substitute for the sulphate of quinine. It produces less unpleasant effects on the head, and is much better borne by the stomach. In the cases of children, I have found it to be a very desirable remedy, on account of the much less unpleasant taste. I use it satisfactorily in all cases as a substitute for the sulphate."

I have used one-and-a-half ounces of the Cincho-Quinine, and I think very favorably of its effects. In a case of intermittent fever (the patient from Tennessee), I found it to operate as well and as promptly as sulphate of quinine, without any unpleasant head symptoms. In no case have I discovered any unpleasant cerebral disturbance, as is often found in the use of the quinine.—J. M. ALDRICH, M. D. Fall River, Mass.

I have used several ounces of Cincho-Quinine with the most complete success. I prefer it to the sulphate of quinine in intermittents, especially with children. I can strongly recommend it to the profession generally.—J. H. FREY, M. D. Perry, Iowa.

The Cincho-Quinine which I have used gave entire satisfaction. It has all the advantages you claim for it, and doubtless it will in time supersede the use of sulphate of quinine entirely.—SAMUEL W. COONS, M. D., Madison, Ala.

We can now supply SUGAR-COATED CINCHO-QUININE PILLS of three sizes, namely, 1 grain, 2 grains, and 3 grains, in such quantities as are wanted. They are placed in vials holding 100 each. The price is about one-half that of Quinine Pills. Dose the same.

BILLINGS, CLAPP & CO.

Successors to JAMES R. NICHOLS & CO.

Manufacturing Chemists,

BOSTON, MASS.

Manufacturers of Acids, Chloroform, Ethers, Preparations of Gold, Silver, Tin, Zinc, Lead, Iron, Bismuth, and all Fine Chemicals used in Medicine or the Arts.



I have used Cincho-Quinine in eight or ten cases, and have reason to think well of the results. I give it as I do the sulphate, 10 grains in five doses during the intermission, and five grains one or two hours before a paroxysm is due, and continue to give five grains once a week for three weeks. I shall continue to use it, and wish you to send me one ounce by mail.—J. C. DOWNING, M. D. Wapping Falls, New York.

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